XUM

OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. 15. Columbus, July 1, 1863. No. 4.

Original Communications.

Fourteenth Annual Convention of the American Medical Association, held in the City of Chicago, June 2d, 3d and 4th, 1863.

The Fourteenth Annual Convention of the American Medical Association commenced in this city to-day. At the opening of the session 141 gentlemen were in attendance. It is expected that the medical skill of the country will be ably represented, and that the session will be one of unusual interest and practical value in its relation to the sanitary wants of the country. The meetings are held at Bryan Hall. The opening session was called to order at eleven A. M. by the first Vice-President, Dr. Wilson Jewell, of Penn., supported by Vice-President Dr. A. B. Palmer, of Michigan. The Secretaries, Drs. S. G. Hubbard, of Conn., and H. A. Johnson, of Illinois, were also present. Prayer was offered by the Rev. R. L. Collier, pastor of the Wabash avenue M. E. Church.

The welcome address was delivered by Dr. N. S. Davis, of this city, Chairman of the Committee of Arrangements, to the following effect. Dr. Davis welcomed the members to the city of Chicago. They had heretofore met in cities at the East, where years of improvement had wrought more perfections than in Chicago, but here were all things pertaining to those cities in their incipiency. He could point to our great granaries, our great commercial interests, our schools, our universities, and our every element of civilization, where recently the Indian and untutored life was rife, with pride. New as Chicago is, she is not behind the age. The same patriot-

ism, friendship, and harmony of interests exist, and he welcomed them to all the hospitality which Chicago could afford.

Which address was followed by the following report of the Committee of Arrangements:

The unusual duties and responsibilities which have devolved upon the committee, since the meeting at New Haven in 1860, seem to require a brief explanation, in addition to the usual report, on this occasion. Early in the year 1861, the usual notices for the regular meeting on the first Tuesday in June, of that year, were issued, and the committee had made all the preliminary arrangements for its accommodation, when the sectional animosity and wickedness which had been threatening the peace of our country for several years, culminated in an open, unjustifiable, and monstrous rebellion. In the midst of the universal excitement which followed, the committee received numerous letters from active members of the Association, some of them embodying the action of local medical societies, all asking earnestly for a postponement of the general meeting for one year. The letters were from every section of the Union, including the cities of Boston, New Haven, New York, Troy, Albany, Philadelphia, Cincinnati, Louisville, Nashville, St. Louis, and Detroit. A special meeting of the committee was held, and all these letters, together with similar sentiments expressed in the medical periodicals, were submitted for examination.

Although there is nothing in the constitution or by-laws of the Association authorizing either the officers or the committee of arrangements to postpone a regular meeting, yet the extraordinary condition of the country, and the apparent unanimity of sentiment in favor of such action, constrained the committee reluctantly to issue a notice that the annual meeting would be postponed until the first Tuesday in June, 1862. About the time for issuing the notice for the meeting in 1862, the severe battles of Belmont, Fort Donelson, and Shiloh, followed each other with such results as to require the attention and active assistance of large numbers of the profession in the north-west, and at a meeting of the committee the chairman was instructed to correspond with members of the Association in the several cities heretofore named, and obtain further advice before issuing any notice. The instructions were complied with, and of a large number of letters received in reply, all but two earnestly recommended another postponement. At a subsequent meeting the committee being satisfied that these letters afforded a

fair index of the sentiments of the profession generally, unanimously instructed the chairman to issue notices, announcing a further postponement of the meeting until the first Tuesday in June, 1863. These successive postponements were fully endorsed by almost every medical journal in the country. No further action was taken by the committee until February, 1863. On the thirteenth of that month the chairman of the committee received official notice from the secretary of the Medical Society of the State of New York, that at the regular annual meeting of the Society held in Albany during the first week in that month, a resolution had been adopted unanimously in favor of holding a meeting of the American Medical Association at the regular time and place, specified in the last notice of postponement, namely, in Chicago, on the first Tuesday in June, 1863, and requested the committee of arrangements to issue the customary notices for such meeting without delay.

About the same time the *American Medical Times* in New York, and the *Medical and Surgical Reporter* in Philadelphia, strongly recommended the same course of action. The committee was convened on the evening of the 14th of February, and being satisfied that the foregoing action of the New York State Medical Society, and of the medical periodicals named, indicated a general change of sentiment in favor of resuming the regular meetings of the Association, a vote was passed unanimously instructing the chairman of the committee to issue the usual notices for the annual meeting of the Association, and to engage the necessary hall for its accommodation. Accordingly notices were immediately printed, and before the first of March copies had been mailed to all the medical periodicals in the country; to all the members of committees, both standing and special; and to many other members of the Association. The committees have been gratified to find that the call for the present meeting met the warm approval of nearly all the medical periodicals in our country, while in only *one* have they observed a decided expression of disapproval. Whether the action of the committee has been right or wrong, judicious or injudicious, we know that it has at all times been actuated by one single desire, namely, to comply with the actual wishes of the profession, and to perpetuate the existence of the Association with ever increasing activity and usefulness. In the spring of 1861 persevering efforts were made by the committee to effect an arrangement with the several important railroad lines to make some commutation of fare

to such members as should attend the proposed meeting of the Association in this city. During the present season, these efforts were repeated, but in both instances the uniform answer of railroad officers was: that they were prohibited by direct conventional agreements from entertaining any proposition of the kind. The committee have been informed that at a meeting of railroad officers in Buffalo, on the twenty-ninth day of April last, such influences were brought to bear as caused them to make the *canal enlargement convention*, now in session in this city, an exception to the rule against commutation of fares, while all other applications for the same purpose were denied. For further information on this subject, the committee refer to an announcement which will be made at an early hour by the local secretary of the Association. Notwithstanding all the disagreements which have existed, the committee are happy to announce that the number of delegates and permanent members whose credentials have already been furnished, and their names enrolled, is such as to indicate a large and profitable meeting. The list of names will be read at the calling of the roll by the secretary.

In conclusion, the committee recommend that after the adjournment of the meeting this afternoon, the sessions of the Association be continued each day as follows:

General session from 9 A. M. to 1 P. M.

Afternoon sessions in sections from 3 P. M. to 6 P. M.

Seats will be reserved in the gallery for ladies during all the general session in Bryan Hall. All of which is respectfully submitted.

Signed N. S. Dvais,
Thos. Bevan,
E. Andrews,
H. W. Jones,
Committee.

Dr. Catlin, of Connecticut, moved that the report be accepted and approved, which was carried.

The Secretary, Dr. Hubbard, of Connecticut, called the roll of delegates and permament members, who had registered their names, only a very few being absent.

Vermont.—Drs. J. N. Stiles, Lewis Emmens.

Massachusetts.—Drs. Benj. Cutter, Appleton Thorne, Edmund Barton, James P. Lynde, Ebenezer Stone, P. J. Kendall, B. E.

Cotting, John Homans, John C. Dalton, M. D. Southwick, E. R. Abbe, John Green.

CONNECTICUTT.—Drs. Stephen G. Hubbard, L. N. Beardsley, R. H. Catlin, A. W. Barrows.

NEW YORK.—Drs. Henry G. Davis, Guido Furman, Alden March, Daniel P. Bissell, James S. Whaley, Thomas C. Brinsmade, C. C. F. Gay, Jenks. S. Sprague, Edward Stork, Edmund S. F. Arnold, E. W. Cherry, W. N. Blakeman, Howard Townsend, H Nicholl, E. Tobie, H. S. Downs, C. C. Wyckoff, Alf. Underhill, John H. Griscom, L. B. Cotes, Julius Homberger, C. H. Harvey, James McNaughton, Daniel Holmes.

NEW JERSEY.—Drs. W. Pierson, Jr., D. M. Sayre, John Blain, Isaac S. Cramer.

DELAWARE.—Drs. H. F. Askerd, James Cooper.

PENNSYLVANIA.—Drs. Wilson Jewell, W. Mayburry, E. Wallace, B. Richardson, John R. Thomas, E. M. Mason, W. L. Richardson, S. N. Troth.

VIRGINIA.—Dr. J. C. Hupp.

OHIO.—Drs. W. S. Battler, J. M. Taggert, W. W. Jones, A. H. Agard, K. G. Thomas, S. O. Almy, L. N. Lawson, W. B. Davis.

INDIANA.—Drs. B. S. Woodworth, A. M. Vickery, A. J. Erwin, A. P. Ferris, L. D. Personett, James Ferris, S. A. Freeman, L. D. Glazebrook, James F. Hibbard.

MICHIGAN.—Drs. A. B. Palmer, E. A. Ezzery, H. O. Hitchcock, S. D. Richardson, Lewis Davenport.

ILLINOIS.—Drs. E. L. Holmes, Geo. K. Amerman, Edward Andrews, John Ten Broeck, C. R. Parks, T. D. Fisher, Geo. W. Hall, Dav. Prince, E. Andrews, N. Wright, W. O. Chamberlain, J. P. Rouse, E. A. Steele, A. Fisher, M. J. Johnson, J. H. Hollister, D. Pierson, M. F. Derrith, S. Wirkester, J. D. Rose, Henry Winz, Charles Gorham, S. W. Noble, Ira Hatch, T. F. Worrell, T. P. Haller, H. A. Johnson, R. Spitler, G. Pasli, H. Noble, D. M. Parker, Orrin Smith, A. J. Conine, T. K. Edmiston, J. A. Lulee.

WISCONSIN.—Drs. Chas. L. Stoddert, H. Adams, Harman Van Dusen, E. S. Carr, Geo. D. Wilbor.

IOWA.—Drs. J. W. H. Baker, Samuel C. Lay, Joseph Sprague, D. L. McGuggin.

KANSAS.—Drs. D. W. Stormont, C. A. Logan.

TENNESSEE.—Dr. W. K. Bolinz.

ARMY AND NAVY DELEGATES.

Dr. C. C. Cox, Baltimore, Med. Dept., U. S. A.; Dr. G. Simpson, Baltimore, Med. Dept., U. S. A.; Dr. A. R. Terry, Chicago, Med. Dept., Marine Hospital; Dr. John B. Porter, Chicago, Pension Office Examiner; Dr. Henry Palmer, York, Penn., York Army Hospital; Dr. M. K. Taylor, Keokuk, Iowa, General Hospital, Keokuk; Dr. Ralph Isham, Chicago, U. S. Hospital.

Dr. H. A. Johnson, one of the secretaries, invited the delegates to attend the National Canal Convention, now in session in this city, and thereby obtain free tickets home.

Here a recess of ten minutes was allowed for each State to nominate a delegate, and constitute the committee on nomination.

The following gentlemen were chosen on the nominating committee:—Drs. J. N. Stiles, Vermont; John Homans, Massachusetts; L. N. Beardsley, Connecticut; James McNaughton, New York; John Blain, New Jersey; H. F. Askew, Delaware; W. S. Battles, Ohio; James F. Hibbard, Indiana; William Mayburry, Penn.; H. O. Hitchcock, Mich.; D. W. Stormont, Kansas; John C. Hupp, Virginia; J. H. W. Baker, Iowa; H. Van Dusen, Wisconsin; H. Noble, Illinois; W. K. Bolinz, Tenn.; C. C. Cox, Maryland.

Dr. Joseph Simpson was chosen in behalf of the U. S. A. On motion of Dr. N. S. Davis, of Illinois, the Acting President, Dr. Jewell, of Pennsylvania, read his Annual Address on retiring from office.

The following officers were elected for the ensuing year:—*President*, Alden March; *Local Secretary*, Guido Furman. *Committee of Arrangements:* Drs. Henderson, Blakeman, Markoe, Finnell, Flint, Arnold, Griscom.

The next meeting will be held in New York.

RETIRING ADDRESS OF DR. JEWELL.

Dr. Wilson Jewell, acting President of the Association, then delivered his retiring address. He remarked that, since we last assembled in convention two years ago, as the representative body of the medical profession in this country, the delightful union of our Congress has been unexpectedly interrupted. Events the most thrilling in the history of any nation have occurred. The government of the United States, the mildest and most beneficent

the world ever knew, has been assailed by an armed force. Our once happy and prosperous people have been plunged into an unnatural, causeless, and unprecedented rebellion, and thousands of families have been involved in distress and ruin. The most endeared relations in life have been severed; the strongest ties of parental and fraternal affection alienated, while our Union, the palladium of our safety as one people, now trembles in the balance. It was not strange if the troublous element had found its way into our counsels, yet he had hope still that the present struggle would be gloriously ended by a restoration of the Union. Their cause was based on the eternal principles of civil and religious liberty, and could not fail,

The speaker then turned to the subject which was most intimately connected with the objects of the convention, and spoke of the noble part taken in the struggle by the devoted members, who, amid the thunders of battle and the din of arms, worked firm and self-possessed to mitigate the horrors of the strife, and risked being killed or taken prisoners of war rather than desert the path of duty. Theirs was no warrior's ambition; they were stimulated by no wish save that of alleviating human suffering. Many of their members were in the army, and some slept the sleep of death. First and highly valued among them was their respected President, Eli Ives, whose knowledge and experience had rendered him so valuable a medical practitioner, and whose private virtues endeared him to all. The usefulness of the Association was one of the great aims of their late President, and he predicted great things of its future.

The orator then took a retrospective view of the progress of the Association, and spoke of the signs, in its present condition and standing, which point to a bright and influential future. He quoted from many eminent medical men in which the influence of the Association was spoken of and hints for improvement given. He would, however, direct their attention to another subject, not that he loved Cæsar less, but Rome more. He would speak of Hygiene, a science which bears no modern date, but claims its origin in the antediluvian age, is now so little understood, and presents an illimitable field for research. The fearful responsibilities of their calling should stimulate them to a thorough course of study in all that pertains to the preservation of health, the extension of the term of existence, and the alleviation of disease, where prevention

was rendered impossible. There was room to hope that the American Medical Association would throw out a light which, in the medical world, would equal the refulgence of that bright ray which shone out from the retreat of the Wittenburg student, and dissipated the darkness which until then brooded over the theological firmament. Yet this illumination could ensue only upon a careful study of the laws of Hygiene. Not that the subject was incompatible with the design of the Association; it had done great service in that department, and time would fail to tell the aid rendered by it in the past. But the vestibule of the Hygienic temple alone had as yet been attained. The method of curing disease had heretofore attracted not too much of attention, but it had perhaps thrown into the background those sanitary considerations which will teach how to prevent disease by conformity to the laws of health. This was a reform much needed, but there seemed to be a perpetual obstruction presented to its progress, and a private prejudice in the popular mind against it. He would propose a two-fold method whereby the evil might be remedied. It was to elevate Hygiene as a branch of scientific study, and give it a distinct chair in the medical colleges. He would constitute it as a curriculum of study which was essential to the reception of a diploma. He counseled also the adoption of some more popular and successful plan than had otherwise been pursued, for enlightening the public mind on the relations of preventive measures to the health of the people The etiology of disease was the basis of the science of preventive medicine. This was being better understood than formerly, and one of the good fruits springing out of the present unhappy struggle would be the elimination of a multitude of facts bearing on the relations of military discipline to military health, and the consequent efficiency of the soldier. These facts were of incalculable value, and would exercise a largely beneficial influence upon the health of future ages. Already a work of this kind has been authorized by the General Government, which will contain an elaborate classification of military diseases, and the influence of hygienic regulations thereupon. The time was probably not far distant when each State would have its bureau of health, and recognize the indissoluble relation existing between sanitary conditions and moral developments, as well as on the physical organism. Already two cities of the Union had taken vigorous action in this matter, and the Garden City might well claim the credit of having set the

XUM

example of aiming to insure civic healthfulness. He recommended that the word "Hygiene" should be written in letters of gold on the escutcheon of the Association.

On motion of Dr. Sprague of New York, the thanks of the Association were tendered to the retiring President for his eloquent, patriotic, and scientific address.

Dr. Davis, chairman of the Committee of Arrangements, presented the following list of candidates for permanent members for election: Walter Hay, Ill.; S. W. Bicknell, Wis.; E. W. Jenks, Mich.; S. Earle, Ill.; W. W. Sedgewick, Ill.; V. S. Hurlbut, Ill.; Thos. Bevan, Ill.; John McAllister, Ill.; P. H. Haydock, Ill.; N. P. Peterson, Ill.; H. N. Hurlbut, Ill.; E. C. Gardner, Vt.; John Bartlett, Ill.; Henry Durban, Ill.; R. C. Hamill, Ill.; Webster Jones, Ill.; all of whom were elected.

The following were invited to participate in the deliberations of the Convention: A. L. Marion, Ill.; L. D. Glazebrok, Indiana.

The President appointed Drs. Pierson of Ill., Beardsley of Conn., and Coulter of Mass., to draft resolutions expressive of the sense of the Association respecting the death of the late President, Dr. Ives.

The Association then adjourned to three o'clock.

AFTERNOON SESSION.

TUESDAY, 3 P.M.

The meeting was called to order at 3 P.M., and the Committee of Arrangements read the following names of delegates who had arrived since the morning:

Dr. Wm. M. Huntington, Vt.; Drs. Jas. Dunlapp and Lyman Bartlett, Mass.; Drs. Ralph Deming and Horace Burr, Conn.; Dr. B. L. Delano, N. Y.; Dr. Danl. Holmes, Penn.; Drs. W. C. Hill and C. McDermott, Ohio; Drs. Hiram Mann, A. L. Mimam, Van C. Secor, H. W. Jones, D. P. Brengle, Thos. Beven, H. N. Hurlbut, Silas Earle, T. D. Fitch, John McAllister, S. R. Heven, S. T. Hume, J. S. King, E. C. Gardner, C. C. Lattimer, Simon Clarke, Wm. H. Byford, H. B. Brown, D. E. Foote, Jos. Perry, H. C. Robbins, J. A. Brown, D. F. Crouse, C. D. Rankin, Wm. Robinson, N. P. Peterson, M. Parker, Ill.; Dr. E. W. Jacke, Mich.; Drs. S. W. Bucknell, John G. Meecham, Wis.; and Dr. T. J. Mendenhall, Missouri; Dr. Tiffin Larke, Kansas; R. H. Gilbert,

U.S.A., Ft. Monroe, Va. (Med. Dept. U. S.), and Dr. Wm. Jayne, Dacotah Territory.

The acting President appointed the following members to constitute the committee on voluntary communications: Drs. Marsh of N. Y., Mayberry of Penn., Byford of Ill., Mendenhall of Miss., and Langford of Ohio.

The report of the Treasurer was read by Dr. Askew, of Delaware, the Treasurer being unable to attend. He reported that, owing to the unsettled state of the country and the advanced price of printing, it would be necessary to print only such papers as were of great value, and to condense those as much as possible, or the treasury could not bear the cost. The proceeds of volumes sold were $1,982 25; balance on hand last year, $597 61; balance on hand this year, $504 21. Report adopted.

The Committee of Publication reported the result of their labors during the year and the number of volumes now in their possession. Report accepted.

Diarrhœa Adiposa.

Dr. Griscom, by leave, presented a report of a case of *Diarrhœa Adiposa*, which had recently been presented in the New York Hospital, under his care. A Crimean soldier was attacked with severe dysentery during the war, which continued a year, and was followed by the above named disorder, consisting of discharges of *oil* from the bowels, which has continued ever since (about six years) with occasional intervals, to the average extent of two and a half ounces daily. This exceedingly rare case (for the substance resembles pure olive oil, and hardens when cool to the consistence of butter) excited much interest in professional circles, and induced the Doctor to examine all the medical records within his reach for other cases that may have occurred; and the result was a table, included in the paper read, of twenty-six cases, including his own, which were all that appear to have been reported during the last two centuries in England, France, and this country. Two other cases, only, are known to have been seen in the United States: one reported by Dr. Goold of Boston, and one by Dr. Wells of Connecticut, in the *N. Y. Medical Times* of February, 1854. One point of remarkable interest, in connection with Dr. Griscom's case, was the discovery that this peculiar discharge, which the

XUM

patient declares to be a cause of much weakness of body (although otherwise in pretty good health), is almost entirely arrested by the exhibition daily of from six to eight ounces of alcoholic stimulus, whisky seeming to act as a consumer of the oil, from whatever source it is derived.

The table of twenty-six cases, collected by Dr. Griscom, gives a resumé of the circumstances attending each; such as the amount and character of the discharge in each, the age and sex of the patients, the attendant symptoms, the result, and the autopsic appearances when dissections were made.

Of the twenty-six cases, fourteen died, and of four the issue was not mentioned by the reporters. Eight recovered entirely, or were so far improved as to experience no inconvenience from the symptom. Among the fourteen fatal cases, eight were found to have diseased pancreas, and four were not examined after death.

The conclusion of Dr. Griscom's paper was a brief review of the cases in connection with criticism of various theories which have been proposed by the reporters of the cases, and other authors. The writer chiefly referred to is Claude Bernard, the author of the able "*Mémoire sur le Pancréas*," who therein maintains that the oil is all derived from the food, and appears with the fæcal discharges, in consequence of disease of the pancreas suspending the pancreatic secretion; it being the province of that fluid, according to his views, to emulsionize the oily ingredients of the ingesta, and prepare them for the further stages of digestion.

Several cases of this phenomenon having occurred in connection with diseased pancreas, Bernard used them as proofs of his views; but, as stated by Dr. Griscom, omitting the mention of those cases which gave no other evidence of diseased pancreas. Bernard further asserts that it is only in *chronic* and not acute disorders of the pancreas that the discharges of oil occur; whereas, according to the cases collected by Dr. Griscom, it appears that in several instances the symptom lasted too short a time to admit the idea of a chronic disease of that organ; and moreover, the complete recovery of some cases is an additional objection to the idea of Bernard.

Without attempting a solution of the knotty question, except to hint that the liver may possibly, on further investigation, be found to have some influence in the production of the unique excretion, the Doctor expressed the belief that with the lights of modern

science impelling further researches into the arcana of the digestive functions, these will not much longer remain as such.

In illustration of the oleaginous character of the discharge from his patient, he lighted a candle, and exhibited a cake of soap prepared with it, which was referred to the practical medicine.

REPORT OF NOMINATING COMMITTEE.

The Committee on Nominations presented the following partial report: For *President*, Dr. Alden March of N. Y. For 1*st Vice-President*, Dr. Jno. Cooper of Del.; 2*d Vice-President*, Dr. David Prince of Ill.; 3*d Vice-President*, Dr. C. C. Cox of Md.; 4*th Vice-President*, Dr. E. S. Carr of Wis.; which report was accepted and adopted.

The Chair appointed the following to escort the President to the chair: Drs. Brinsmade of N. Y. and Wallace of Penn. To escort the 1st Vice-President, Drs. Griscom of N. Y. and Pearson of N. J.; the 2d Vice-President, Drs. Cutter of Wis. and Edmiston of Wis.; the 3d Vice-President, Drs. Thomas and Wickersham of Ill.; the 4th Vice-President, Drs. Hollister of Ill. and Richardson of Mich.

The newly-elected President briefly returned thanks for the honor conferred. Next in order were the reports of Special Committees.

REPORT OF COMMITTEE ON PRIZE ESSAYS.

The report of the Committee on Prize Essays was read by Dr. D. L. McGugin of Iowa. He reported that only one essay had been published which was worthy of the prize medal. It is an inquiry into the properties and physiological uses of Veratrum Víride, with notices of its alkaloid, Veratria, as derived by certain processes. He considered the essay as worthy of publication and of the prize.

Dr. Lawson moved that the prize be awarded to the author, and the paper forwarded to the Committee of Publication.

Dr. Cox moved that the essay be referred to a special committee, of which Dr. McGugin shall be chairman, to read the essay and report at some future time.

The motion of Dr. Lawson prevailed, and the name of the author was then announced—Samuel R. Percy, M.D., Professor of Mate-

XUM

ria Medica and Therapeutics in the New York Medical College. The prize is one hundred dollars.

A communication was received by Dr. Davis from Dr. E. R. Squibb, of New York, chairman of the committee on "the practical workings of the United States law relating to the inspection of drugs and medicines," stating that he could not attend, and offering to report next year. Agreed to.

Dr. A. K. Gardner, of New York, presented a paper on the use and abuse of pessaries, but the reading was postponed till the next morning.

Dr. McGugin, on Puerperal Tetanus, etc., reported progress and asked to be continued for another year, which was granted.

Dr. C. C. Cox, on Hygienic Relations of Air, reported progress and asked to be continued. Granted.

Report on Necrology is continued, Dr. C. C. Cox as chairman.

THE HUNTER MEMORIAL.

The committee on the Hunter memorial reported that the sum of $357 had been raised, in one dollar subscriptions, towards the Hunter fund, a portion of which has been forwarded to London. The smallness of the contribution was imputed mainly to the fact that the monument would stand on British soil, and the indifference felt by England about the present national trial had checked enthusiasm. The report was contained in a letter from Dr. Bowditch, which was received and placed on file. It was also decided that the account be closed, and the balance forwarded to England.

Dr. Davis reported, from the Committee of Arrangements, the following gentlemen as permanent members: Drs. Daniel B. Brengle, Manchester; Van Courtland Secord, Galena; J. B. Samuel, Carrolton; David Dodge, Chicago; James S. King, Lemont; D. F. Crouse, Mount Carroll; all of Illinois. The nominations were confirmed.

THE CALOMEL ORDER OF THE SURGEON-GENERAL, U.S.A.

Dr. Lawson, of Ohio, called attention to the recent order of the Surgeon-General prohibiting the use of mercurials and tartarized antimony by the army and surgical corps. He moved that the Association express its disapprobation of the order. The subject was referred to a committee, with instructions to inquire into the

facts and report. The committee consists of one member of each State. The Chair appointed Drs. Lawson, Dalton, Stiles, Catlin, Brinsmade, Pearson, Ashew, Wallace, Hupp, Woodworth, Wing, Palmer, Van Duzen, McGugin, Mendenhall, Logan, and Bolinz.

THE RELATIVE RANK OF ARMY SURGEONS.

Dr. Cox called attention to the want of a recognition of army surgeons, and urged that relative rank should be accorded to them. At present it was not possible for a surgeon to rise above the rank of Major. He therefore offered the following resolutions:

Resolved, That a committee of five be appointed by the Chair to draft a memorial to Congress asking the enactment of a law by which Surgeons in the service of the United States Army may be accorded relative rank in the same.

Resolved, That each medical gentleman present be urgently invited to use every proper influence with the members of Congress from his respective district, to urge the passage of a law favorable to this object at the ensuing session of Congress.

The resolutions were seconded by Dr. McGugin in an able speech, in which he reviewed the relative responsibilties of the Surgeon and Commander, and spoke of the injustice perpetrated in the case of the former. The resolutions were discussed by several other delegates, and were finally adopted.

Remarks were then made by Dr. Arnold, of New York, on the necessity of making medical provision for railroad accidents. He distributed printed copies of papers read by him before the New York State Medical Society and the Academy of Medicine.

SECOND DAY.

WEDNESDAY, 9 A.M.

The Association was called to order at 9 A.M., by the President, Dr. Alden March, of Albany, N. Y.

The minutes of the preceding day were read by the Secretary, and approved. The Chairman of the Committee of Arrangements read the names of members and delegates who registered their names since the last meeting. A large number of additional names were announced as having arrived, including a large number of physicians and surgeons of this city. He also proposed the following gentlemen as members, by invitation: Drs. J. H. Foster,

XUM

W. G. Millar and J. A. Brown, all of Illinois; and the following gentlemen as permanent members: Drs. Tiffin Finke, Kansas; W. C. Hall, Ohio; Hiram Wanger, Ill.; H. K. Dean, Ind.; H. C. Robbins, Ill.; E. J. Duffield, Ill.; W. Jaynes, Dacotah Terr.; C. M. Clerk, Ill.

On motion of Dr. Jewell of Penn., Dr. J. Macgowan, an eminent medical missionary from China, was invited to take a seat with the Association. Dr. Macgowan being desirous of addressing the Association on the state of medicine in China, it was resolved, on motion of Dr. Griscom, of New York, to invite Dr. Macgowan to do so, during the first half hour of the afternoon session.

The reports of committees being in order, on motion, that of the Committee on Medical Education was postponed until the afternoon session.

The Committee of Nomination made a further report, in which Baltimore was recommended as the place of next meeting of this Association. Accepted. Dr. H. S. Downs of N. Y., moved to amend, by substituting the word New York for Baltimore. Considerable discussion arose, various members proposing different places. The member from Maryland, Dr. Cox, advocated the feasibility of appointing the next meeting at Baltimore, as a national measure. It was for the interest of the Association and the country to hold the meeting *as far south as possible.* The effect of holding it at Baltimore would be a healthy one upon that city and its medical interests. Men of wealth and influence would open their doors and extend warm hospitality to the members of the Association.

Dr. Furman, of New York, stated that the delegation from the New York County Medical Society, the New York Pathological Society, the New York Academy of Medicine; from the City Hospital, Bellevue Hospital, the University Medical College, College of Physicians and Surgeons, and the Bellevue Hospital Medical College, and various delegations from other societies and institutions from New York city, had been directly instructed to tender their invitation, and hoped that the Association would act courteously and deliberately, and with wisdom.

Dr. Davis, of Illinois, followed Dr. Furman, with an urgent request to accept this invitation extended by our New York brothers, and made a very animated, patriotic, and common-sense address.

THE ASSOCIATION TO MEET IN NEW YORK.

The question finally resolving itself into a choice between Baltimore and New York city, a vote was taken. The vote being doubtful, a count was called for, with the following result: New York, 68—Baltimore, 43. Dr. Downe's amendment was adopted. On motion of Dr. Cox, of Maryland, the vote was made unanimous.

On motion of Dr. Griscom, of New York, the remainder of the report, concerning the officers of the next meeting, committee, etc., was referred back to the committee, for reconstruction, rendered necessary by the substitution of New York for Baltimore.

Dr. Davis, of Illinois, read a communication from Dr. Bowditch, of Mass., respecting the necessity for the organization of an ambulance system for the army, accompanied by a pamphlet upon the subject, which was distributed among the members.

Dr. Homan, of Mass., moved that a committee of one from each State represented, be formed to memorialize the President of the United States upon the subject referred to by Dr. Bowditch, which was passed, and the Chair appointed the following gentlemen to constitute such committee: Drs. Emmans, Dalton, Griscom, Hubbard, Pearson, Jr., Cooper, Trotter, Happ, Almy, Hibbard, Palmer, Clarke, Carr, Sprague, Mendenhall, Logan, Bolinz, and Surgeon Simpson. Dr. Griscom being the chairman thereof.

On motion of Dr. Underhill, of N. Y., a resolution of thanks was passed unanimously to Dr. Wilson Jewell, late acting President, for the able and dignified manner in which he has presided over the deliberations of the Association.

Dr. Hibbard, of Ind., offered a resolution, requiring the appointment of a committee to urge the compulsory examination of every person in the United States. It was passed, and referred to the Section of Hygiene.

DEATH OF DR. ELI IVES, LATE PRESIDENT.

The committee on resolutions concerning the death of the late Dr. Eli Ives, late President of this Association, reported the following resolutions:

Whereas it has pleased the Divine Ruler of all events, to take from our midst one of the most distinguished and venerable members of our profession, Eli Ives, of New Haven, Conn., the late

President of this Association, a man full of years and honor; and whereas it becomes us at all times to bow with submission to the righteous will of the Almighty, believing that He doeth all things well: Therefore,

Resolved, That in the death of Eli Ives, this Association has lost a firm friend and ardent advocate for the elevation and dignity of the science of medicine, the profession one of its most highly gifted members, and society at large one of its brighest ornaments.

Resolved, That while we mourn the dispensation that has deprived us of the presence and counsel of our late venerated President, we condole with his bereaved family, in the severe loss they have sustained.

Resolved, That a copy of the foregoing preamble and resolutions be forwarded to the family of the late Eli Ives, signed by the President and Secretary, as an expression of the sympathies of this Association. All of which was adopted.

SECTIONS ABOLISHED.

On motion of Dr. Byford, of Ill., the session of sections was suspended for this session, in order that the voluntary communications might be read; it was also moved that all papers that have been referred to sections be read in general session, and the meetings in sections be dispensed with.

Dr. Mayburry, of Penn., chairman of the committee on voluntary communications, presented a paper by Dr. Anderson, of Ill., on "Diathesis, in its surgical relation," which was read by the author. The paper of Dr. Anderson called up Dr. Hibbard, of Ind., who combated in rather a lengthy speech some of the principal features presented. Dr. A. replied in support of his arguments, developing from his experience the truth of the position which he assumed. Other members participated in the discussion, after which the paper was approved of and referred to the committee of publications.

The meetings of the sections having been abolished, the association appointed Drs. Hibbard, of Ind., Jewell, of Penn., and Griscom, of New York, to constitute the committee on compulsory examinations, which had previously been referred to the section on Hygiene.

On motion of Dr. Davis, of Ill., the association adjourned to 3 P. M. for the transaction of general business.

AFTERNOON SESSION—SECOND DAY.

ACCLIMATIZATION OF CINCHONA PLANT.

The minutes of the morning session having been read and approved, Dr. J. Macgowan, Medical Missionary in China, according to a resolution passed this morning, was invited to address the association on the state of medical science in that empire. He explained to the meeting the professional bearings of his proposed scientific and industrial expedition to the unknown parts of Eastern Asia. Investigation in relation to the history of epidemics, into the materia medica, and into the ethnology of those lands, cannot fail to elicit many facts which promise to be of incalculable value to medicine and the collateral sciences. Dr. M. further expressed a hope that the association would take some measures to induce the Haytian Government to undertake the acclimatization of Cinchona trees (quinine plants.) He gave an account of the success of the Dutch in Java, and of the English in India, and fully believes that in St. Domingo these invaluable plants might be readily cultivated, and thus secure additional supplies of this great remedy in fevers.

Dr. Macgowan has been in correspondence with the Haytian Ambassador in Washington on the subject, and solicits the influence of the profession, in urging the institution of the necessary experiments in those portions of America north of the equator where the soil and climate seem to afford sufficient encouragement.

In the course of his remarks, the speaker gave an account of the standing of the medical profession in China and Japan, of their medical literature, etc., and also stated the remarkable facts that they have made many discoveries in the use of remedies for certain diseases, in some cases either actually the same or very similar to those discovered and used here.

On motion of Dr. Cox, of Maryland, Dr. T. O. Edwards, of Chicago, was invited to a seat on the platform.

On motion of Dr. Hubbard, of Conn., Dr. Jonathan W. Brooks, of Chicago, was elected a permanent member.

The Chairman of the Committee of Arrangements read a list of newly arrived delegates since the last report. He also proposed the following gentlemen as permanent members:—Drs. I. B. Bushtell, Ind.; C. Truesdale, Ill.; W. R. Fox, Ill.; L. F. Warner, Ill.; M. Parker, Ill.; which were elected.

Drs. L. T. Havens, of Wisconsin, and C. J. Taggart, of Wisconsin, were invited to seats.

REPORT OF COMMITTEE ON EDUCATION.

Dr. Cox, of Maryland, presented from the Committee on Medical Education the report which had been postponed from the morning session. He reviewed the past history of the profession in this respect, and the absence of proper attention to the subject. Many valuable suggestions as to needed improvements were also made. After the rendering of this report, the Committee submitted the following resolutions, which, after discussion, were adopted:

Resolved, That a thorough preliminary education in English, Latin, mathematics and physics, constitutes an essential pre-requisite to the admission of a student of medicine into the office of a medical preceptor, or as a matriculant of a respectable medical college.

Resolved, That the advancement of medical education demands a more extended and symmetrical course of instruction in the colleges, and a more thorough and impartial examination for the degree of doctor of medicine than at present prevail.

Resolved, That Medical Jurisprudence and Hygiene are highly important branches of Medical Science, deserving the careful consideration of all medical teachers and schools.

Resolved, That societies for medical improvement—State, district and county—are important auxiliaries to the advancement and promotion of science, and are therefore highly recommended by this body, as valuable levers in the cause of medical education.

The Committee appointed to make a report upon the recent order of the Surgeon-General, prohibiting the use of mercurials and tartarized antimony by the army surgical corps, made a majority report through Dr. Lawson, of Cincinnati, and an entirely antagonistic minority report by Dr. Woodworth, of Indiana. The former strongly favored the use of these remedial agents in the army, and the latter as strongly discountenanced their use there. Each report was backed up by resoluions rigidly endorsing the language of the report. After an animated discussion, on motion, adjourned.

THIRD DAY.

THURSDAY, 9 A. M.

The Association was called to order by the President. After a partial reading of minutes, the further reading was dispensed with.

On motion, Dr. Greene, of Mass., was invited to a seat on the platform.

The following gentlemen were admitted permanent members by invitation:

Isaac Snyder, Jackson, Mich.; R. B. Treat, Janesville, Wis.

The following were admitted members by invitation:

Granville S. Thomas, Joliet, Ill.; J. S. Pashley, Osceola, Ill.

Dr. Cox, of the Army, announced the sudden departure of Dr. Wilson Jewell, of Pennsylvania, caused by receiving intelligence of the unexpected death of a son, and offered a resolution of condolence, which was adopted.

Regular business being in order, the reports of Committees were taken up.

Dr. Gilbert, of the Army, in behalf of the Committee on the Extinction of the Aboriginal Races, reported progress, and, on motion, the Committee was continued another year.

The President having announced that the order of the Surgeon-General, U. S. A., debarring calomel and tartar emetic from the use of army surgeons, and which was previously referred to a committee, was in order, by consent of the Association the committee on the subject offered a substitute for the resolutions introduced yesterday.

There is a strong feeling manifest in the Association against this famous Order No. 6, of Surgeon-General Hammond, and it has more than once been referred to with expressions savoring more of opposition than approval.

Pending the discussion, previous to the vote, Dr. Cox, of the Army, said substantially as follows:

While the Association had the right to protest against the order of the Surgeon-General, he wished it to remember that the order referred exclusively to the corps of Army Surgeons under his control, and had no reference to the use of those drugs in private practice. The order originated in the abuse of calomel by a number of incompetent surgeons in the army, appointed by the Governors of the several States, who consider the *liver* the packhorse of the human system. The Medical Bureau of the United States comprises men of science, who understand how far the evil has been perpetuated and the necessity of correcting its abuses. The fact that other mercurials have not been interfered with, shows how

great the necessity that exists for an order so apparently sweeping, and which the Association deems so arbitrary.

He did not desire to protract the debate, but felt it due to his position to say something before the final vote should be taken. He was not up either to defend or condemn the order. In a long practice he had seen the abuse of calomel in improper hands, as well as its benefits from its legitimate and judicious use. He wished a discrimination to be made between the propriety of the order and the motives of the Surgeon-General. That gentleman's high character and motives are not to be questioned in this or any other public body. He deserved the thanks of the profession for the wholesome interest he had taken in the subject.

Dr. Cox's position called up several members, in reply. Calomel had fallen under the ban of an "unwise, unnecessary, and professional" order, and that order received animadversion, ridicule, and unstinted opposition. The discussion became general, and while some desired to place no obstacles in the progress and encouragement of our armies in the field, their opinion of the order was of a character that culminated in the following resolutions, which were adopted:

Resolved, That from evidence within our possession, we can but entertain the conviction that the Surgeon-General of the U. S. Army has been led into expressions, in Order No. 6, which will convey errors respecting the abuse of calomel in the army, and we feel called upon to protect, so far as in our power, the reputation of the intelligent and self-sacrificing medical officers from the implied imputation of such general mal-practice.

Resolved, That while regarding spanæmic medicines, particularly calomel and tartar emetic, when freely administered to soldiers in the field, the camp, or the hospital, where unfavorable hygienic conditions so commonly cause depression and asthenic conditions of the system, as being very often productive of injuries; yet that these articles, when judiciously employed, are useful, is a proposition according with the general opinion of the profession; and as abuse of an article is no just argument against its proper use, it is, in the judgment of this body, to be regretted that the object of correcting these abuses was not sought to be effected by an order of caution on the subject, and by dismissing from the service those disregarding such caution, and not by the extraordinary and, as we think, unjustifiable course of attempting to prevent, entirely, the

use of articles, though liable to abuse, as are all powerful agents, yet which are well established in professional confidence as capable of useful application.

(Signed) L. M. LAWSON, *Chairman.*

The entire report, giving a history and details of the subject, in the same spirit, was also adopted.

On motion, it was resolved that a copy of the above resolutions be forwarded to the President of the United States, the Surgeon-General U. S. A., and the Secretary of War.

The Nominating Committee reported the following officers of the Association for the present year:

Secretaries—Drs. H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee of Arrangements—Drs. James Anderson, N. Blakeman, T. M. Markoe, T. C. Finnell, Austin Flint, Jr., E. S. F. Arnold, J. H. Griscom.

Committee on Prize Essays—Drs. D. F. Condie, Pa.; E. Wallace, do.; Wilson Jewell, do.; E. R. Peaslee, N. Y.; Alfred Stille, Pa.

Committee on Medical Education—Drs. J. C. Dalton, N. Y.; M. L. Linton, Mo.; John Frissell, Va.; Howard Townsend, N. Y.; W. H. Byford, Ill.

Committee on Medical Literature—Drs. L. M. Lawson, Ohio; J. L. McGugin, Iowa; William Mayberry, H. Noble, Ill.; John Homans, Mass.

Committee on Publication—Drs. F. G. Smith, Chairman, Pa.; Caspar Wister, do.; Ed. Hartshorne, do.; H. F. Askew, Del.; S. G. Hubbard, Conn.; H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee on Insanity—Drs. Ralph Hills, Ohio; C. H. Nichols, D. C.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Conn.

Dr. Lee, from the Committee on Medical Literature, reported progress, by letter, requesting permission to present his report directly to the Committee of Publication.

A report was received from the Committee on Voluntary Communications.

Dr. Dalton was excused from further serving as chairman of the Committee on the Ambulance Corps, and Dr. J. M. Warren was substituted.

Dr. N. G. Davis commenced reading a paper on "The American Method of Treating Joint Diseases and Deformities," which was

referred to the Committee of Publication, and its further reading suspended.

Dr. Homberger, delegate from New York, in behalf of Dr. Elsberg, of New York, showed some instruments for the treatment of diseases of the larynx, a "laryngoscopical mouth-piece," a laryngeal brush, a "sponge carrier," a porte-caustic, an insufflation-tube, a fumigating-tube, and an electropole. These latter six instruments have all a curvature of 112°, which Dr. E. found most efficient in carrying out the objects of laryngoscopical local medication.

RETROVERSION OF THE IRIS, ETC.

Dr. Homberger presented a case of "retroversion of the iris, dislocation of the lens into the anterior chamber, with complete detachment of the retina." He stated that such cases are exceedingly rare, and that three only are known to him reported by Von Ammon in the Archives of Ophthalmology. There was no apparent cause for this anomaly, which came on on the right eye without inflammation, and caused what was considered sympathetic irritation of the left eye. The eye was enucleated, and some months afterwards the patient came with a trembling iris on the other eye and considerably impaired vision. The ophthalmoscopic examination did not give a satisfactory result. A luxation of the lens had to be supposed on the ground of the trembling of the iris, though the ophthalmoscope did not reveal the margin of the bud as a black line, within the pupillary space. The application of atropine would evidently have been unjustifiable under such circumstances, and the patient was directed to present herself before Dr. H. when the symptoms would aggravate.

Dr. H. asked the members of the Association whether a similar case had occurred in their practice, and concluded with some further remarks on the case on the inquires of Dr. Alden March. Both communications were referred to the Committee of Publication.

The paper of Dr. Griscom, on a case of diarrhœa adiposa (read on Thursday afternoon), was, on motion of Dr. Furman, referred to the Committee of Publication.

SULPHITES OF LIME AND SODA AS DISINFECTANTS.

Dr. A. Fisher, of Illinois, presented a paper on the use of sulphites of lime and soda in the treatment of hospital gangrene,

phlebitis, erysipelas, and other zymotic diseases, and related a number of cases. The first was that of a lady: nearly the whole left leg was destroyed by sphacelus. It was necessary to amputate just above the knee, but little hæmorrhage occurring, only three or four small arteries being necessary to tie; not a drop of blood was found in the femoral artery, and it was so contracted and filled with fibrin and pus that it was not ligated. The vein was also completely filled with a reddish substance, the product of inflammation. Under the use of ʒj. doses of the sulph. of soda in solution every six hours, the patient gradually improved; entire convalescence was established. The second case was of malignant (or blood poison) rheumatism. She took the sulph. of lime ʒj. every four hours for fourteen days, and no other remedy, with the exception of a pill consisting of lead and opium, for diarrhœa for a few days, was used. She commenced to improve in twenty-four hours, and continued so to do.

The husband of the second case was injured on the patella while the wife was ailing. The second day erysipelas commenced in the wound, extending up to the thigh, forming an abscess, which was opened, and the patient appeared to be relieved; but severe constitutional symptoms occurred in a few days, for which he took the sulphite of lime in ʒj. doses every four hours, and nothing else. In four or five days the recovery was perfect.

Dr. F.'s attention was first directed to the use of the sulphites in these cases by reading a review of an article "On Diseases depending upon Morbific Fermentation and their Treatment," by Dr. G. Polli, of Milan. Published in *Braithwaite's Retrospect* and taken from the *Dublin Quarterly Journal*, May, 1862. He gives a statement of Dr. Polli's views on the action of the sulphites by experiments on dogs, and states that he first came to use them by reading that article, and then gives three more cases. 1st. A child, three years old, with scarlatina and erysipelas, cured by a teaspoonful of the saturated solution of sulphite of soda every two hours for one week, the constitutional symptoms improving in twenty-four hours after taking it. 2d. A very bad case of phlebitis and erysipelas following typhoid fever and periostitis of the tibia. Cured by the sulphite of lime, though tinct. ferri muriat. was used, but with no good effect. 3d. A case of malignant metritis after an abortion at the second or third month. Cured by sulphite of lime alone: ʒj. every three hours for five or six days. He says that

the sulphites of lime and soda are well retained on the stomach, and produce no sensible effect for the first twenty-four hours, when the patient begins to improve in all respects. He thinks the sulphites of magnesia and potass may be as beneficial as the sulphite of soda and magnesia from Dr. Polli's experiments. He always used the pure sulphites, prepared by Dr. Squibb.

On motion, the paper was referred to a committee of three, of which the author is chairman, to continue his investigations and report again next year.

Dr. Cox, of the Army, offered two resolutions—one of thanks to the citizens of Chicago for their kindness and hospitality shown to members of the Association during its session here, and another of thanks to the retiring secretary, Dr. Hubbard, for his able and faithful services.

The amendments to the Constitution of the Association proposed at the last meeting, were called up, discussed, and rejected.

A complimentary resolution, by Dr. Happ, of Va., thanking the President and Secretary for their services, was adopted.

The following gentlemen, on motion of the Committee of Arrangements, were elected permanent members of the Association: L. H. Cary, Toledo, Iowa; Horatio Hitchcock, Chicago; L. F. Warner, Chicago; L. P. Cheney, Chicago; C. W. Shumway, Chicago.

Dr. N. S. Davis, of Ill., spoke of the use of sulphite of lime in erysipelas, and stated that in the last half of March and the first part of April, 1863, erysipelas was more prevalent in the city than usual; and, as a consequence, several very severe cases, occurring among the poorer classes, were received into the Mercy Hospital. They constituted the subject of several clinical lectures to the class attending the summer course of instruction in the Chicago Medical College (Medical Department of Lind University), thereby enabling the students to study the disease practically in all its stages. He related an aggravated case of erysipelatous inflammation of the face (except the chin), the ears, the mastoid spaces, and part of the scalp, occurring in an adult male patient, an interne of the Mercy Hospital of that city. The second, also an erysipelatous case, was an adult female in the same charity, the malady affecting the same portions of the body as in the preceding case. Case III. was that of another adult female in the same charity; had miscarried when four months *enciente*. On the third day after her miscarriage severe uterine phlebitis established itself. All these cases were

treated very successfully by the use of sulphite of lime in 3j. doses every three hours. The nourishment in all three cases was chiefly milk porridge and animal broths.

In commenting on these cases, it was not claimed that they were sufficient to establish the efficacy of sulphite of lime in the treatment of diseases dependent on blood-poisoning or degeneration. But they do show that the remedy may be given in large doses with perfect safety, and, taken in connection with the cases related by Dr. Fisher, it is rendered highly probable that the sulphites will be found exceedingly valuable in the treatment of a whole class of severe and often fatal diseases. On motion, the Society adjourned to three P. M.

AFTERNOON SESSION—THIRD DAY.

THURSDAY, 3 P. M.

The Convention assembled and was called to order by the President at three P. M. The minutes of the morning session were read and approved.

A letter was read from Dr. Russell, of Ohio, asking to be excused from further service on a special committee to report on "Stimulation in Fracture." Request granted.

A similar communication was also read from Prof. Sage, of Michigan, wishing to be excused from a special committee on Blood Corpuscles, and disposed of in the same manner.

Dr. N. S. Davis offered an amendment to the Constitution, providing for the appointment of one permanent Secretary. Under the rules of the Association, the amendment lays over one year. The Committee on Nominations reported the appointment of numerous gentlemen to act upon various matters that might come before the next annual meeting. The report was accepted, and committee discharged.

Dr. Hubbard moved an addition of one from each State be made to the Committee on Necrology. Carried.

The following resolutions were offered by Dr. Arnold, of New York, and carried:

WHEREAS, The railroad is fast becoming the great medium of land travel in all parts of the world; and whereas, in spite of all regulations and care, serious accidents are continually occurring, attended with loss of life, such being greatly augmented by the

total want of any local medical provision to meet such, as well as by the absence of any appliances whatever calculated to strengthen the hands of the surgeon: therefore be it

Resolved, That such medical provision shall be made by the railroad; and that by the diminution of suffering, as well as by the saving of life, while economy would accrue to the railroad companies, the interests of humanity would be greatly served.

Dr. Hibbard, of Indiana, offered the following amendment of the Constitution:

That the President and Vice-President of this Association elected each year, shall assume the functions of their respective offices at the beginning of the meeting of the year next succeeding their election.

Under the rule, the proposed amendment will lie over until next meeting.

Dr. McGugin, of Iowa, from the committee appointed to memorialize Congress on the subject of relative rank and pay of army surgeons, made a lengthy report, and, on motion, the report was accepted and adopted.

On motion of Dr. Griscom, it was ordered that the report be printed and distributed to the members of Congress, heads of departments, and others likely to influence action upon the subject.

Dr. Wing offered the following as an addition to the memorial, which was adopted:

Resolved, That it be recommended that, in carrying out the object of this memorial, every promotion shall be attended by a suitable examination into his qualification, and the merits of his military record.

Dr. Homberger, of New York, offered the following resolution, which was, on motion of Dr. Prince, referred to the Committee on Medical Education for the coming year:

Resolved, That the American Medical Association recommend to the Faculties of Medical Colleges in this country, to create Chairs of Ophthalmology, recently so importantly advanced by the invention of the ophthalmoscope.

On motion of Dr. Hubbard, of New York, the Association adjourned *sine die*.

Seventeenth Annual Session of the Ohio State Medical Society.
Reported by E. B. STEVENS, M.D., Secretary.

OHIO WHITE SULPHUR SPRINGS, June 16, 1863.

The Ohio State Medical Society was called to order at 10 o'clock A. M. The President, Dr. J. W. Russell, in the chair; Dr. E. B. Stevens, Secretary.

On motion, the reading of the minutes of last year was omitted.

Dr. Reamy, Chairman of the Executive Committee, being absent, Dr. M. Dawson reported that all necessary arrangements had been made for the accommodation of the Society by Mr. Wilson, and moved that the order of business of the two past years be adopted for the present sessions of the Society.

On motion, the report accepted and suggestion adopted.

On motion, it was ordered that all the members present register their names at the Secretary's desk.

The President announced the following as the Committee on Nominations: Drs. Murphy, Beeman, Robt. Thompson, Hunt and Andrews.

Dr. Robt. Thompson offered the following:

Resolved, That this Society cordially invite all literary, scientific and professional gentlemen that now are, or may yet arrive at the "White Sulphur Springs" during our sessions, to take seats among us, as it may suit their pleasure and convenience.

Adopted.

The President appointed Drs. Kirtland and Scarff to fill vacancies on the Finance Committee, who subsequently presented the following report:

The Finance Committee beg leave to report that an assessment upon each member of $1.00 be and is hereby made for the current expenses of the coming year.

C. P. LANDON,
J. P. KIRTLAND,
W. D. SCARFF,
Finance Committee.

The report was received and adopted.

On motion, the order of business was suspended to allow the

Chairman of the Publication Committee to make the following report:

The Committee on Publication respectfully report that two hundred and fifty copies (250) of the Transactions for 1862 were published at an expense of $154.05.

E. B. STEVENS, Chairman.

On motion, report received.

Dr. Landon offered a resolution that the Society do not wait longer for the report of the Nominating Committee, but proceed to nominate and ballot in open Society for officers for the ensuing year; which, after various attempts at amendment and ineffectual efforts to withdraw, was finally lost. And,

On motion, Drs. M. Dawson, M. Thompson and Hamilton, were appointed a committee to wait upon the Nominating Committee, with instructions to report forthwith.

The Committee on nominations made their report, and the Society proceeded to ballot with the following result:

President—W. P. Kincaid, of Neville.

Vice-Presidents—M. Dawson, of Royalton; D. S. Gans, of Cincinnati; David Noble, of Highland Co.; J. J. Hamill, of Newark.

Secretaries—E. B. Stevens, of Cincinnati; N. Dalton, of Logan.

Treasurer—J. B. Thompson, of Columbus.

Committee on Admissions—J. G. Kyle, T. L. Neal, R. L. Sweney, C. P. Landon, A. Metz.

On motion, the sum of $1.00 was ordered to be put to the credit of Dr. Belding, an amount paid Dr. Rickey, former Treasurer, and not credited.

The President appointed Drs. M. Dawson and P. Crume a committee to wait upon the President elect, inform him of his election, and escort him to the chair immediately after recess.

On motion, the Society took a recess until 2 o'clock.

AFTERNOON SESSION.

The committee conducted the President elect, Dr. Kincaid, to the chair, who acknowledged the compliment paid him by the Society in a few brief remarks.

The retiring President, Dr. Russell, then proceeded to deliver

his valedictory address, his topic being "The Means for Professional Advancement."

On motion, the address was referred to the Committee on Publication, with instructions to print.

The Standing Committees were called. The Committee on Medical Societies presented a lengthy report on the condition of the Societies auxiliary to the State Society, with considerations and suggestions for advancing the efficiency of the Society. On motion, referred to the Committee on Publication, with discretionary power to print.

The Constitution and By-Laws of the Mt. Vernon Medical Society were presented, and referred to the Committee on Medical Societies, who subsequently further reported, that having examined the same, they recommend the Mt. Vernon Medical Society to be admitted as auxiliary to the State Society. Report accepted and adopted.

The Secretary announced that arrangements had been made with the Little Miami, Columbus and Xenia, Hamilton and Dayton, Columbus and Cleveland, and Pittsburg, Columbus and Cincinnati Railroads, returning members in attendance on this Society and their families free.

On motion of Dr. Hamilton, the Secretary was directed to make acknowledgment to these companies for their courtesy.

The Special Committees were called, and a portion reported themselves in readiness; also several volunteer papers were announced.

The Chairman of the Committee on Obituaries stated that he should report before the adjournment of the Society, and expressed his regrets that individual members were so forgetful of their duty to co-operate in the contribution of materials for obituary notices.

Dr. Stevens reported that Prof. Blackman and himself had attended the Indiana State Society at its session last fall, representing this Society; that the Indiana Society was a live, working Society, and that it sent greetings to the Ohio State Medical Society.

Dr. Kincaid stated that no meeting of the Kentucky State Society was held last year, hence he had not attended as delegate from this Society.

The resolution offered this morning by the Committee on Nomi-

XUM

nations was, on motion, taken up and adopted, allowing $100 a year as compensation to the Treasurer.

Dr. Gans offered the following:

Resolved, That hereafter the respective Special Committees on scientific subjects shall ordinarily be composed of but one member.

Adopted.

Dr. Stevens offered the following:

Resolved, 1st, That hereafter the regular annual election of officers shall be made the order of business at some deferred hour of the sessions, instead of at the opening, as is now the custom.

2d. And the nomination shall be made in open session of the Society, without the intervention of a committee.

Adopted.

The Secretary read a communication from Drs. Davis and Armor, of Dayton, in regard to the complaints made against Dr. Oliver Crook, and referred to them as a special committee at the last annual meeting. (See report on file.)

On motion, the whole matter referred to the Committee on Ethics, with instructions to report to-morrow morning.

On motion of Dr. Murphy, a committee of three was appointed to prepare a preamble and resolutions, expressing the sense of this Society, concerning "Circular No. 6" of Surgeon-General Hammond (being the famous calomel and tartar emetic order)—Drs. Murphy, Weber and Metz that committee. Pending its adoption, animated remarks were made by Drs. Murphy, Robt. Thompson, McBride, and others.

Adjourned until to-morrow morning.

SECOND DAY.

9 o'clock, A. M.

Dr. Kincaid, the President, in the chair.

The minutes of yesterday's proceedings were read, and, after some verbal amendments, adopted.

Dr. Conklin introduced Dr. R. E. Houghton, of the Indiana State Medical Society, who was, on motion of Dr. Crume, elected an honorary member of the Society, and was invited by the President to take a seat with us and participate in our proceedings. Dr. Houghton responded in a neat and pertinent address.

Dr. M. Dawson offered the following:

Resolved, That the thanks of this Society be and are hereby tendered to the retiring officers, for the able, dignified and courteous discharge of their several duties.

Adopted.

The Committee on Ethics reported back the papers in the case of Dr. Crook, for the action of the Society.

On motion of Dr. Murphy,

Resolved, That the action of the Montgomery County Medical Society be confirmed, and Dr. Crook be declared expelled from this State Society.

A warm debate followed, in which Drs. Murphy, Hamilton, Stevens, Andrews, Gans, the President and others participated. At length the motion of Dr. Murphy was withdrawn, and the whole matter was, on motion of Dr. Kyle, referred to the Committee on Ethics, with instructions to report immediately after dinner. The President appointed Drs. Reisinger, Andrews and Kyle, Committee on Ethics *pro tem.*

On motion of Dr. Stevens, Dr. Landon was appointed Treasurer *pro tem.* in the absence of Dr. Thompson.

On motion of Dr. Hamilton, the ladies were invited to be present at our sessions.

The reports of special committees were now called for, and Dr. Gans proceeded to read his report on Obstetrics, being chiefly devoted to the consideration of galvanic electricity as a parturient agent.

The paper was discussed by Dr. Robt. Thompson, Dr. Mitchell, Dr. Russell, Dr. Gans, Dr. Leonard, and Dr. Houghton of Indiana, and, on motion, referred to the Committee on Publication, with instructions to print, and the thanks of the Society extended to Dr. Gans for his able report.

Dr. Mitchell stated in his remarks that he was prepared to confirm the views of Dr. Gans from his own private experience, gave the particulars of an extreme case of uterine hæmorrhage, in which he used electro-magnetism with prompt relief, together with other confirmatory experience.

Dr. Gans hoped it would not be sufficient to read a paper and have it printed, but that each member would be thereby stimulated

to give his own observations, and proceeded to give the details of several cases in obstetric practice, illustrating the views of his report.

Dr. Leonard wished to know of Dr. Gans if he regarded the contraction produced by electricity a *permanent* contraction, or does relaxation occur with the removal of the poles of the battery.

Dr. Gans replied that the contraction was an imitation of natural pain, and the agent was at hand to continue or renew at pleasure or necessity, or while the necessity continues.

Dr. Hamilton moved that Dr. Gans be continued to report at our next annual meeting his personal experience in the use of electro-galvanism in obstetric practice.

The President read the following communication from Dr. M. B. Wright, Chairman of the Committee on Prizes for Prize Essay of last year:

CINCINNATI, June 15, 1863.

DR. RUSSELL—*Dear Sir:* It is possible I may be prevented from being with you at the present session of the State Society, and I write hastily to say that the Committee on Prize Essay and Medal have deemed it best not to procure a medal at the present time in consequence of the high price of gold. It is to be hoped that before the next meeting of the Society a medal may be procured, creditable to the Essayist and the Society.

Respectfully,

M. B. WRIGHT,
Chairman of Committee.

The Committee on "Circular No. 6" of Surgeon-General Hammond, appointed yesterday, presented through its chairman, Dr. Murphy, the following report:

The Ohio State Medical Society has read with profound regret Circular No. 6 of W. A. Hammond, M.D., Surgeon-General U.S.A., in which he orders that calomel and tartar emetic shall be stricken from the supply-table of the army. This Society can not accept the statement made in the order, that innumerable cases of ptyalism and mercurial gangrene have been observed in the army, as the resnlt of the injudicious use of calomel. Many of the members of this Society have had extensive observation in regimental

and general hospitals, and have not observed innumerable cases of ptyalism, nor any case of mercurial gangrene. It is believed that from statistics, already collected since the publication of Circular No. 6, the statement may be made that calomel and tartar emetic have not been used to the injurious extent as set forth therein.

This Society can not resist the expression of its strong disapprobation of the Circular as unjust and untrue. In fact, it is a virtual endorsement of the false charges which have been made against the scientific profession by the representatives of the various empyrical systems of medicine. The regular profession has always claimed the right to use any remedy that clinical experience has proved to have therapeutical power. To forbid the use of a remedy because it has been abused is to forbid the use of almost all remedies. The true course is to remove the surgeon who does not manifest skill or judgment in the administration of remedies.

This Society feels that Dr. Hammond has done great injustice to the profession in this State, and particularly to those who are now serving in the army. With few exceptions, all surgeons and assistant-surgeons from the State of Ohio have been submitted to a rigid examination as to their mental, moral and physical qualifications. This Society was instrumental at the beginning of the war in having the State Medical Board of Examiners of surgeons and assistant-surgeons appointed, and the members of this Society have insisted that no one should be appointed without an examination.

The Society believes that the surgeons and assistant-surgeons from this State are well qualified, and that Circular No. 6 not only implies that they are not qualified to administer safely two remedies, but raises a doubt in the public mind as to their general skill or ability, and for this reason is not only untrue and unjust, but cruel.

This Society, therefore, respectfully and firmly protests against the statement of Circular No. 6, as being untrue, and still further, as being at variance with the philosophy and progressive spirit of the legitimate profession. Therefore,

Resolved, 1st. That Dr. W. A. Hammond be requested to revoke Circular No. 6, and place calomel and tartar emetic again on the supply-table.

XUM

Resolved, 2d. That this Society will not be satisfied with anything less than a revocation of the order.

Resolved, 3d, That in the event of the refusal of the Surgeon-General to comply with this request, that he is hereby requested to resign.

Resolved, 4th. That a copy of this preamble and resolutions be sent to the Governor of Ohio, Senators Sherman and Wade, the President, Secretary of War, and the Surgeon-General of the United States.

Amended additionally by Dr. Hamilton:

Resolved, 5th. That Drs. Jno. A. Murphy, G. C. E. Weber and A. Metz be a committee instructed to report to the American Medical Association that this Society demands the speedy trial and expulsion of Dr. W. A. Hammond, for the gross injustice done the profession of medicine by his foolish and quackish order, No. 6.

The subject was discussed at length, with earnestness and dignity, by Drs. Hamilton, R. Thompson, Gans, West, McBride, Kincaid and others.

Dr. McBride offered the following preamble and resolutions as a substitute for the report of the committee:

Whereas we have reason to believe that, in consequence of the asthenic and scorbutic types of disease in our army, and that from the necessity of the case many inexperienced physicians, and a large number of the various tribes of quacks, such as Eclectics, Homœopathists, etc., etc., have got into the army as surgeons, and that with the types of disease prevalent, the injudicious use of mercury and antimony by these classes of men would be likely to cause more damage than the aggregate amount of good accomplished by these remedies in the hands of the judicious; and whereas the Surgeon-General, seeing this to be the case, has ordered the non-use of calomel, the mercurial most liable to abuse, designing thereby no reproof to the scientific surgeon, but a restraint upon all sorts of pretenders, for the good and efficiency of the army: Therefore,

Resolved, That we highly approve of the designs and patriotic motives of the Surgeon-General in issuing General Order No. 6.

Resolved, That the issuing of said order, and a general acquiescence in the same, will have the effect not only to save the

health and lives of some soldiers in the army on whom it was alone designed to operate, but to elevate the character of the medical profession, both in and out of the army.

In the midst of the discussion, the Society took a recess, for dinner, until 3 o'clock P. M.

AFTERNOON SESSION.

The Society resumed the debate on the resolutions under consideration before recess. Drs. Noble, Houghton, of Indiana, Kirtland, McBride, Hamilton and others, continued the discussion.

Dr. McBride withdrew his substitute, and read a written statement of his views, disapproving the tenor of the Circular, but doubting the propriety of extreme language in our resolutions of disapproval.

The resolutions and preamble of the committee were taken up separately, and unanimously adopted.

Dr. E. B. Stevens read his paper on New Remedies. On motion, referred to Committee on Publication, with instructions to print, and requested to continue on the same committee, to report at some future meeting, with the thanks of the Society.

Dr. Russell offered the following:

Resolved, That in the opinion of the State Medical Society, it is time our Legislature should adopt measures to erect an Asylum for Inebriates in our State.

Resolved, That an opportunity now be afforded for members of this Society to submit donations to this worthy object, which shall be binding if this State shall make an appropriation of $20,000 or more for such noble charity, before the expiration of the next two years.

Resolved, That the President of this Society is requested and authorized to appoint one regular physician in each county of the State, who shall be solicited to procure subscriptions from our medical brethren in each county, and exert all laudable efforts in his power to enlist the energies of our Senators and members of the next Legislature, as may be practicable, for the passage of such laws as shall effect this object at an early day.

The Committee on Ethics made the following report:

XUM

Your committee beg leave to report that, in view of the evidence before them, they believe it to be their duty to sustain the action of the Montgomery County Medical Society, and ask to submit the following resolution:

Resolved, That Dr. Crook be expelled from this Society.

J. S. REISINGER,
H. S. CONKLIN,
F. M. ANDREWS.

On motion, the report accepted and adopted.

Dr. Hyatt moved that five hundred copies of the Constitution and By-Laws and Code of Ethics be published for the use of the State Society, and that the Treasurer be instructed to send a copy to each member of the Society as soon as published.

A charge of non-professional conduct was preferred against Dr. Gruwell, of Damascoville, and, on motion, it was referred to the Committee on Ethics.

On motion of Dr. Scarff, when this Society adjourn, it adjourn to meet at Cincinnati, on the third Tuesday of June, 1864. Amended to read White Sulphur Springs, instead of Cincinnati.

Dr. M. Dawson offered the following:

Resolved, That the thanks of this Society be tendered to Andrew Wilson, Esq., of the White Sulphur Springs, for the use of the Hall and other accommodations afforded the meetings of the Society, as well as the courtesy and attention we have received as his guests.

On motion, the Society took a recess until to-morrow morning at 9 o'clock.

THIRD DAY.

9 O'CLOCK A.M.

Minutes read and approved.

Dr. Leonard offered the following, which, after some remarks and minor amendments, were adopted:

Whereas, it is known that the Secretary of War has appointed one Doctor Gilson, a Homœopathic pretender, as Examining Surgeon in the Board of Enrollment, in the Fourth Congressional District, in preference to honorable and high-minded men of the regular profession: Therefore,

Resolved, That that appointment, as well as all others of like character, is an outrage on the people of the District, unjust to the profession of medicine and the advancement of science, and prejudicial to the public service.

Resolved, 2d, That the Secretary be directed to send a copy of this preamble and resolution to the Secretary of War, asking his removal, through Gov. Tod and Col. Parrott, Provost Marshal of this State.

Dr. Murphy offered the following:

Resolved, That the members of this Society, and the profession of the State at large, be requested to exact from all students the qualifications as to preliminary education laid down by the American Medical Association.

Resolved, That the President appoint a committee of three members, to be present, with the permission of the several faculties, at the final examination of the candidates for the degree in each of the four medical schools of the State.

Resolved, That the schools of the State be requested to raise their fees, so as to amount in gross to one hundred and five dollars.

—And proceeded to address the Society at considerable length on the whole subject of medical schools, medical students, medical education, etc., etc. Drs. Scarff, Russell, Kirtland, Spees, Hamilton and others participated in the debate. The resolutions were adopted.

Dr. N. Dalton proceeded to read a volunteer paper on "Arrest and Cure of a case of Mollites Ossium by the use of Phosphate of Lime and Phosphoric Acid, with remarks." On motion, referred to the Publication Committee with instructions to print, and the thanks of the Society to the author.

Dr. Hyatt proceeded to give a volunteer contribution "On the use of Hydrocyanate of Iron in Epilepsy, with cases." On motion, referred to the Committee on Publication with instructions to print.

Remarks were made by Dr. Stevens, giving some personal experience adverse to the beneficial effects of the remedy; and by Dr. Kincaid, especially giving his experience in the good effects of cannabis indica and belladonna.

Recess.

XUM

AFTERNOON SESSION.

The question of the existence of a diploma plate or parchments for this Society was raised by Dr. Stevens, and after some remarks by several of the old members, on motion, Drs. Gans, Stevens and Murphy were appointed a committee to make all necessary inquiries on this matter, prepare a design of a plate, if necessary, and report the expense, at the next meeting.

Dr. McBride read a volunteer paper on certain adipose tumors. Referred to the Committee on Publication with instructions to print.

At different times during the session of the Society the Committee on Admissions reported the names of the following as suitable persons to become members of the Ohio State Medical Society, who were thereupon duly elected: Drs. T. L. Neal, Dayton; Robert Woody, Eaton; A. Beach, Belleville; C. D. Case, Lewis Centre; C. Gunzaulus, Mt. Liberty; Joel Morse, Cleveland; R. E. Jones, Gomer; A. Potter, Wiltshire; Alleyne Maynard, Cleveland; J. J. Hamill, Newark; S. J. Spees, Lynchburg; J. C. Brown, Urbana; Milton Mitchell, Mansfield; L. J. Pease, Williamsburg; J. H. Buckner, Cincinnati; J. T. Reid, Fairfield; and John Turnbull, Xenia.

The Finance Committee made the following report:

The Committee on Finance respectfully make the following report: Having examined the accounts. papers and vouchers of the Treasurer, Dr. J. B. Thompson, we find the same correct, the exhibit presenting the following statement:

Balance in Treasury from last year	$ 11	
Postage stamps and stamped envelopes	3 93	
Initiation fees and fees of assess't, and sales of Transactions.	263 02	$267 06
Expenditures		233 95
Balance in Treasury		$33 11

Your Committee take great pleasure in expressing much gratification in the very satisfactory manner in which the Treasurer has performed the arduous duties of his office, and unanimously recommend the adoption of the report.

C. P. LANDON,
J. P. KIRTLAND,
W. D. SCARFF.

On motion, adopted.

The subject of obituary notices came up, and Dr. Landon stated that he had been unable to collect any materials of value; and, on motion, the members present were requested to give personal reminiscences of any deceased members of their acquaintance. Dr. Hamilton gave touching and appropriate notices of Drs. Pierce, Carley and Spillman. Dr. Smith noticed still further the deaths of Dr. Pierce and Dr. McMeens.

The President announced the following committees for the ensuing year:

STANDING COMMITTEES.

Executive—M. Dawson, E. Hyatt, J. G. Rogers, J. P. Kirtland, R. Thompson.

Finance—D. S. Gans, R. L. Sweney, A. Carey, D. Noble, T. J. Mullen.

Publication—E. B. Stevens, N. Dalton, J. J. Hamill, J. W. Hamilton, W. W. Dawson.

Medical Ethics—J. S. Reisinger, F. M. Andrews, A. Metz, H. S. Conklin, W. C. Hall.

Medical Societies—P. Beeman, A. McBride, W. L. Peck, Wm. Mount, G. F. Mitchell.

SPECIAL COMMITTEES.

Surgery—N. Dalton.
Diseases of the Eye—A. Metz.
Obstetrical Surg'y–M.B.Wright.
Practice of Medicine–J.A.Murphy.
Obituaries—M. Dawson.
Electricity in Obstetrics—D. S. Gans.
New Remedies—E. B. Stevens.
Insanity—R. Gundry.
Asthma—T. A. Reamy.
Pancreatic Disease–J. P. Gruwell
Diphtheria—P. Beeman.

Delegates to Indiana State Medical Society—H. S. Conklin, J. A. Murphy.

Delegates to American Medical Association.—W. C. Hall, Fayetteville; A. Mets, Massillon; J. G. Rogers, New Richmond; D. S. Gans, J. A. Murphy, E. B. Stevens, G. C. Blackman, J. L. Vattier, George Fries, B. F. Richardson, J. Graham, W. W. Dawson, M. B. Wright, Cincinnati; F. M. Andrews, J. C. Denise, T. L. Neal, C. McDermont, Dayton; J. W. Russell, Mt. Vernon; W. L. Peck, Circleville; Wm. Mount, Cumminsville; F. T. Hurxthall, Massillon; L. T. Pease, Williamsburg; G. F. Mitchell, Mansfield; J. S. Reisinger, Gallion; P. Beeman, H. S. Conklin, Sidney; Abel

XUM

Carey, Salem; J. W. Hamilton, John B. Thompson, S. M. Smith, John Dawson, Columbus; C. P. Landon, Westerville; N. Dalton, Logan; G. W. Boerstler, Lancaster; M. Dawson, Royalton; R. L. Sweeney, Marion; E. Hyatt, Delaware; A. McBride, Berea; T. J. Mullen, New Richmond; B. B. Leonard, West Liberty; C. C. Hildreth, Zanesville; E. Vanatta, New Lexington; D. Noble, Sugar Tree Ridge; T. W. Gordon, Georgetown; G. C. E. Weber, E. Sterling, J. A. Sayles, C. A. Terry, A. Maynard, Cleveland; W. B. Scarff, Bellefontaine; C. Falconer, Hamilton; C. Cochran, Sandusky; S. J. Spees, Lynchburg.

American and Foreign Intelligence.

Letters from Prof. Charles A. Lee.

THE VENETIAN PROVINCES, POPULATION, BRIDGE, FORT PADUA, UNIVERSITY, BOTANIC GARDEN, MUSEUMS, OBSERVATORY, HOSPITALS, ETC.

PADUA, Oct. 20, 1862.

Having determined to visit the Venetian Provinces, including the celebrated *Quadrilateral*, taking the cities of Padua, Vicenza, Verona, Mantua, etc., on my route, I left Venice in the early morning train, and reached Padua in about one hour: distance twenty-seven miles.

Under the name of the Lombardo-Venetian Provinces are included all the Austrian possessions in Italy since the Treaties of Villafranca and Zurich. They embrace all the territory of the Republic of Venice, ceded to Austria by Napoleon I. by the Treaty of Campo Formio, and confirmed by the Treaty of Vienna; the possessions of the Dukes of Mantua east of the Mincio; the triangular space between the Lower Mincio and the Po, once a part of Lombardy; and some small possessions on the south of the Po, belonging to the Territory of Gonzaga, retained after the annexation of the Duchies of Parma and Modena, and of the Legation of Ferrara, to the North Italian Kingdom in 1860. The whole Austro-Italian Province include about 2,400,000 inhabitants.

Leaving my hotel, the *Albergo dell' Europa*, formerly the Giustiniana Palace, fronting the harbor, of which it commands a fine view, and near the Piazza de S. Marco, a gondola conveyed me rapidly to the railway station, which is at a considerable distance

from most of the hotels. Here, having submitted to a stricter examination of luggage by the police than is usual outside of the Austrian dominions, we soon entered upon the long bridge which carries the railroad over the lagune, which took us six minutes in crossing. It consists of 222 circular arches of 32 feet 9½ inches span; the thickness of the single piers is 3½ feet; the whole length 2 miles and 416 yards. It occupied four and a half years in erecting, and was completed in October, 1845. The height of the top of the parapet above the mean level of the water of the lagune, is 14 feet; its width 29½ feet. In the center is a large embankment called *Piazza Maggiore*, 446 feet in length, and 97 feet 10 inches in width. The depth of the water through which the bridge is carried, is from three to thirteen feet. The soil is entirely of mud. The foundation is upon piles driven into the bed of the lagune. The piers are of limestone, the arches and spandrels of birch, the cornice and parapet of Istrian stone. Close inside the parapet, on a level with the roadway, two channels are formed for carrying fresh water from the main land to Venice. In the foundations of this bridge, among other materials, 80,000 larch piles were used, and in the bridge itself 21,000,000 bricks, and 176,487 cubic feet of Istrian stone; and on an average one thousand men were employed daily. The cost was about one million of dollars.

About two miles from the lagune we reach the *Mestre Station*, where the railroad to Trieste branches off. But just before we come to it, we pass on the right the *Fort of Mulghera* (now *Fort Hainau*), a very strong position, which underwent a long siege in 1849, when its fall led to the surrender of Venice, although a large Sardinian fleet was in its waters, and although the distance is more than 3,600 yards to the nearest part of the city, and only to be approached by boats or along the railroad bridge. The surrender of the city was effected by a novel expedient practised by the Austrians. They dismounted the 24-pounder siege guns, placed the muzzle of the gun against the parapet, and the breech sunk in the ground, giving the bore of the gun an elevation of about 45°, and thus without carriage or platform of any kind, obtained ranges of 5,774 yards with solid shot, and with the howitzer and hot shot of 4,634 yards, thus easily shelling the city. In military language, this fort is a double enceinte on a bastioned trace, of earthen ramparts and parapets, with wet ditches, and detached demilunes in advance of the curtains of the outer enceinte. In the gorge of the work are two extensive caserns, built by General Chasseloup of the French engineers. The position is exceedingly strong, surrounded as it is by low, wet, marshy ground, liable to overflow by gust tides, and exceedingly unfavorable for approaches, and still more for the camps of a besieging army. There are but three stations between Venice and Padua, and the whole country is flat and uninteresting. At one point on the way, the Alps of the Friuli and Carinthia are well seen, and several villas of the

XUM

Venetian nobility are situated near the town of Dolo, on the banks of the Brenta.

Arriving at the Padua station, we encountered the usual crowd of carriages, calèches, omnibuses, runners, and baggage smashers, but working my way through the noisy crowd, I soon found myself quietly domiciled in "*La Stella d' Oro,*" in the Piazzi de Noli, in the center of the town and close to the University.

Padua is said to be the oldest city in the north of Italy, and Virgil attributes its foundation to Antenor. It contains about 50,000 inhabitants. The houses are supported by long rows of arches. It is particularly celebrated for its University, and the Observatory connected with it. Montaigne, the essayist, took this city on his tour in Italy, in 1580, and describes it as "a considerable town, as large as Bordeaux, with narrow and ugly streets, with very few people about, and hardly any houses worth looking at, but prettily situated in a plain, over which it commands an extensive prospect," which description holds good to this hour. He describes the inns as not comparable to those of Germany for accommodation, which is also generally true; but that "the charges are one-third less," is very far from correct at present, according to my experience. The charges, however, at hotels, both in Italy and everywhere else on the Continent, are high or low, according to the number of English who frequent them, and whether they are recommended in Murray's guide-book or not. An English physician of eminence, in London, advised me, if I wished to avoid high and extortionate charges, to carefully avoid all hotels of this class, and, though seldom followed, I found his advice very well worth heeding. As far as possible, however, I sought to avoid "Hotels d' Angleterre" and "Englischer Hafs."

The first place towards which I turned my steps in Padua was the University, or, as it was formerly called, "The Studio" of Padua. This enjoyed a high reputation as far back as 1221, when Frederick II. commanded the students of Bologna to forsake that city, which had incurred his displeasure, and to resort to the city of Antenor. At first, it was more celebrated as a school of law, and among other great teachers boasted of the eminent Baldus, but afterwards took very high rank as a school of medicine. During the sixteenth and seventeenth centuries, its professors were among the most distinguished in Europe. Among these may be mentioned Vesalius, Fallopius, Fabricius ab Aquapendente, Spigelius, Sanctorious, and, in later times, the great Morgagni. The Venetians took great pride in this University, and extended to it special protection and encouragement. Perhaps, at this time, its medical department enjoys a higher reputation than any other in Italy. There are five faculties, theology, law, medicine, philosophy and mathematics, and the chairs are all filled with very able men. Each faculty has a *Dean*, who is, generally, one of the senior professors. The *Senatus Academicus* consists of the Deans (*Direttores*) and the *Rettore Magnifico*, who is elected by the several faculties, and approved by the government. There are forty-six

professorships, and the students generally number between 1,500 and 2,000. The public treasury contributes annually about two thousand dollars towards the general expenses.

There are several establishments in different parts of the town connected with the University, as four clinical schools for medicine, surgery, diseases of the eye, and midwifery; veterinary and agricultural schools, a botanic garden, and an astronomical observatory. The University building or Palace is called *il Bo*, or *the Ox*, as it is said from the sign of the inn upon the site of which it stands. The building was erected at the expense of the Republic of Venice in 1493. The great hall or court, planned by Palladio, with the armorial bearings of the members entirely covering the halls, is very magnificent. At the top of the great staircase is the beautiful statue of Elena Lucrezia Comaro Piscopia, who died, unmarried, 1684, aged forty-eight years. She spoke Hebrew, Arabic, Greek, Latin, Spanish, and French, with fluency, was a good poetess, an excellent musician, wrote mathematical and astronomical dissertations, and received a doctor's degree from the university.

The Anatomical Theatre was built by *Fabricius ab Aquapendente* in 1594, replacing one still older; still it is the oldest in Europe, the design being by the celebrated Paul Sarpi. The obstetric hall contains an immense collection of models, wax preparations, and wet and dry specimens, and also a very large number of monstrosities of every kind. The Museum of Anatomy is one of the best in Europe, and the same may be said of the Cabinet of Natural History. This was first founded by Dallisnieri in 1734. The mineralogical and palæontological divisions are the most complete; the latter particularly so in fossils of the Veronese and Vicentine hills, especially in fossil fishes from Monte Balca. Among other articles I saw here a petrified human skull and femur; mammoth-sized ammonites; an extensive series of birds' eggs, from those of the humming-bird to the ostrich; a stuffed elephant who killed his keeper in Venice; and among the rest the vertebræ of Galileo, who was professor of mathematics here for upwards of ten years. This relic is said to have been purloined when his remains were removed, in 1757, to their present resting-place in the Church of Santa Croce at Florence. His bust, placed over the chair he once occupied, exhibits a very broad and high head, the forehead very prominent and capacious, with thick moustache and long beard. Here is still preserved much, if not all the apparatus, with which Galileo illustrated his lectures. The Theatre of Physics contains one of the largest collections of philosophical apparatus in the world; the room is nearly one hundred feet by fifty, and entirely filled. The *numismatic cabinet*, opening out of the cortile, contains many Roman and Greek bronzes, inscriptions, and coins, and a curious papyrus from Ravenna of the year 616, a deed of sale. I should have stated that there are busts and portraits of all the former professors, including Vesalius, Fabricius, Galileo, etc., down to the present time.

XUM

From the University I went to the *Spicola* or Astronomical Observatory, founded in 1767. It is situated in the mediæval town of S. Tomaso, the principal defence of Padua on the west side. It was erected by the tyrant Eccolini, and served as a prison, where many of his victims suffered. It is under the charge of Professor Scaulini, who was absent on the Campagna, but I was shown everything by his able assistant. I found it supplied with the best of instruments from London, Munich, and Vienna. The equatorial is one of the finest in existence. The view from the top was magnificent, embracing the Campagna as far as the Adriatic, Venice, the Lagune, the entire range of the N. E. Alps, the Euganian Hills, etc., one of the most splendid panoramas. This establishment is, doubtless, one of the first in Europe, and does infinite honor to the city. Taking the Botanic Garden next on my way, I was very kindly taken in hand by the professor of this branch, who is also the conservator. He informed me that this was the oldest botanic garden in Europe, it having been established by the Venetian Senate in 1543. The celebrated Prosper Alpinus was professor of botany here in 1545. It is very extensive, and is situated near the churches of il Santo, and Sta. Guistina, and is laid out in the old formal Italian style. I was greatly interested in the garden, as it contained some of the oldest specimens of exotic trees and plants in Europe, the patriarchs of shrubberies, plantations, and conservatories. The magnolias are superb. The lebanon cedar, the oriental plane, and a *gleditchia* one hundred feet high, are among the most magnificent specimens on the grounds. Water is forced by a steam-engine over all the grounds, and supplies the fountains, etc., most abundantly from a river which runs through the city. Attached to the garden is a convenient and small fitted up lecture room and a botanic museum, with an extensive herbarium and a library of five thousand volumes with several manuscripts.

The *Biblotheca Publica*, which belongs to the University, is situated some distance from it in the *Plazza del Capitanio*, formerly the palace of the Carruras. The printed books number over 100,000 volumes, and the manuscripts 1,500. The immense hall containing the books is decorated with colossal frescoes of heroes and emperors, which were painted in 1540; among them is the portrait of Petrarch taken from life.

Having appropriated one day for visiting the hospitals of Padua, I set out very early in the morning for the *Spedale Civile*, in the street behind the University. Having sent in my card by the janitor, I was soon waited on by one of the attending surgeons, who very obligingly took me over the entire establishment. The building is very extensive, having been erected on the site of a suppressed college of the Jesuits in 1795. It is of two stories and basement, built around an open court, between 300 and 400 feet on a side. It can easily accommodate 500 patients. Five of its wards belong to the University and constitute the clinical school, embracing fifty medical and twenty-five surgical cases.

There were the usual divisions of male and female medical and surgical wards, also syphilitic, obstetric, and opthalmic wards. There is also provision made in one division for cases of insanity; about one half the beds only were occupied. A few children, as is common in most Italian hospitals, were mixed in among the other patients, there being no children's hospitals. The wards were large, with very high ceilings and floors of polished breccia, which, on the first floor, was rough and much broken. At the end of each ward was a small altar, with an image of the Virgin and many pictures of saints, lighted candles, etc. It was the hour of the morning visit, and the attending physicians kindly invited me to accompany them in their rounds. I was struck with their very careful diagnosis and thorough investigation of every case. Their prescriptions, also, seemed very judicious. The physicians-in-chief are Doctors Bianchessi, Vandiani, Da Lu Ca, and Pellizzari. In passing through the wards it was almost impossible to distinguish the women from the men, and I was constantly confounding them. The females, from exposure to the sun and air, from constant occupation in agricultural labors, soon acquire masculine features and become prematurely old, gray, and wrinkled. The hospital was generally well ventilated and clean, except the insane wards, which were intolerably filty, close, and unventilated. There seemed to be little or no classification. The nurses generally were females.

The hospital of *S. Giovanni di Dio* is under the management of the monks of that order, and receive but a limited number of acute medical and surgical cases. It seemed to be well managed. The Foundling Hospital is the oldest institution of the kind in Europe, having been founded in 1097. The annual admissions are about four hundred, and the deaths average fifteen per cent.

VENICE—ITS CLIMATE, PHYSICAL HISTORY, MUD-BATHS, ENGLISH PHYSICIANS.

VENICE, Oct. 25, 1862.

In my previous letter I spoke of some of the peculiarities of the climate of Venice. Since then I have made other researches, which go to show that during a series of years snow has fallen on six days of the winter, and that although the hygrometer indicates a high degree of humidity, especially when the wind blows from the sea, yet that there are many maritime towns in southern Italy, frequented by invalids, which give a similar mean. This, indeed, is true of Rome and other towns at some distance from the sea, not surrounded by morasses. During a series of seven years the number of rainy days has not exceeded seventy-five, which is as low as in any part of southern Italy, while the annual quantity of rain is less than in many of the southern towns. The physicians here attribute many of the peculiarities of the Venetian climate to

the influence of the north-east wind; for, besides dispersing the miasma, as already stated, it is said to be mainly influential in causing the vicissitudes of the weather, and the particular character of the annual climate. As it sweeps down from the northern part of the gulf, carrying before it all atmospheric impurities, it speedily brings on a copious rain, especially when it succeeds a warm and damp wind; not of long continuance often, when the sky clears up, and the atmosphere becomes pure, transparent, and mild. In winter the same wind is apt to bring snow. Often a terrific thunder-storm breaks over the gulf when the same wind encounters the blasts blowing from the sea, while, at the same time, the sun shines with splendor over the city, gilding all her domes and marble palaces.

I have alluded to the changes going on in the character of the Venetians, and even the expression of their features, from the tyrannical and iron rule of the Austrians. The climate, we know, must necessarily favor a life of indolence and voluptuous ease, a state of inertia in which the moral and physical energies are equally dormant; yet no one can take a retrospective view of Venetian history without admiring the lofty courage, the undaunted bravery, the heroic deeds, the wonderful achievements of this small republic from its foundation, almost contemporary with that of Rome, down to the final extinction by Bonaparte in 1797. A tinge of melancholy, pride, and graceful dignity still shines prominently forth in the countenances of the descendants of the old nobility, but this is replaced by a malignant scowl of mingled scorn and hate at the sight of an Austrian soidier or the thought of Austrian rule. The marvelous silence which reigns over this city of 120,000 inhabitants is emblematic of her national extinction, and quite consonant with the death-like vitality of her people. Whether it is that these moral causes have modified and changed the physical character of the Venetians, I cannot say; but certain it is that they now exhibit the nervous temperament developed to the very highest degree. "To die of a rose in aromatic pain," might almost literally apply to the inhabitants of Venice. Nervous diseases are therefore most frequently met with. On this point the point the physicians here are all agreed; and they also admit that bloodletting has to be practised here with far more caution than in some other parts of Italy, as death not unfrequently supervenes on a fit of fainting consequent on loss of blood. So free is the city of intermittents, and so salubrious its climate considered, that it is not unusual for patients suffering from malarious fever to come here to recover from its attacks. The mildness and equability of the winter climate attract many patients here annually from the north of Europe, especially from England, who seem to relish greatly the quiet tranquillity and repose which prevail over the city; and it is said that some forms of paralysis, as well as neuralgic pains, are frequently benefited by a few months' residence. As adjuvants in the treatment of these affections, there are saline

and mineral mud-baths, besides baths composed of sand and warm salt water, all of which are held in high esteem by the local physicians as producing stimulating and resolvent effects.

These mud-baths, by the way, are extremely popular in Italy. For instance, Abano, on the route from Mantua to Padua, is celebrated for its *muds*, as well as its warm mineral springs. These are applied either generally or partially, as the case of the patient may demand. These are thrown by after having been used, and, at the conclusion of the season, returned to the hot fountain, where they are left till the ensuing spring, that they may become impregnated anew with the mineral virtues which these are supposed to contain. The most obvious of these are salt and sulphur. The muds are, on being taken out, intensely hot, and must be kneaded and stirred some time before they can be borne. When applied—an operation which very much resembles taking a cast—they retain their heat without much sensible diminution for an hour or longer, having the effect of a slight *rubefacient* on the affected part, and producing a profuse perspiration over the whole body. Heat is considered as essentially aiding the operation of this treatment; hence it is generally abandoned about the end of August. The water-baths, as in Venice, are only regarded as auxiliary to the mud treatment, serving both as prologue and interlude, and, in my judgment, not unfrequently as a farce.

There are generally two or three English physicians resident practitioners in Venice, as there are, also, in most of the other large towns in Italy frequented by English tourists and invalids. These are very apt to recommend their respective localities as especially suited for English patients. Those in Venice tell us, with considerable plausibility, that Englishmen, who have acquired a torpid and lymphatic temperament by living under the leaden skies and humid atmosphere which tend to depress the nervous system, experience a favorable change under the bright skies and purer air of Venice. But, so far as my experience or knowledge goes, the character of the Venetian climate is decidedly sedative, and that without regard to the country from which the traveler or invalid may come. It was for this reason, probably, that the Roman gladiators were sent to this part of Italy to reduce their plethora, diminish the excess of blood, and put them in good fighting condition, as related by Strabo. So far as I can ascertain, patients laboring under pulmonary consumption, except in its earliest stages, are not benefited by this climate, but the tubercular softening is much accelerated. So, also, patients who are much depressed, or debilitated from any disease, especially those of a sanguineous or irritable habit, will find the climatic influences too relaxing and prostrating. It is a very common practice here to prescribe decoctions of the marine confervæ, on the principle, I suppose, that every region ought to produce the remedies needed to cure the diseases of that locality. It is very possible that they may have some beneficial effect in scrofulous affections. There can be little

doubt but that the Venetian climate is well suited to cases of bronchial inflammation, chronic catarrh, and spasmodic asthma. The portion of Venice which is preferred as residence for the consumptive invalids is also the liveliest and most beautiful quarter of the city, viz. the Piazza of St. Mark, the Piazetta, and the greater portion of the Grand Canal as far as the Rialto.

The weather, since I came here, has been splendid: the temperature about 65°, neither too hot nor too cold; the atmosphere clear from clouds and vapor, and a transparency and purity of air that I have never seen surpassed in any part of the world. But I meet with tourists who have spent one or more winters in Italy, who tell me that the Italian climate is a humbug; that although October is a delightful month, the least objectionable of any in the whole year, yet that the winter climate is actually worse than that of England; that they are always chilly, and can nowhere find shelter from the piercing cold, etc. Much of this complaint may perhaps be attributed to the British habit of grumbling at every thing out of their own country (even the roses here are too fragrant), but still more to the fact, that in more northern climes the houses are prepared for the severity of the weather, and thick carpets, good stoves or grates, well closed doors and windows, with bright sea-coal fires, enable the Englishman to defy the winter. Here it is said that the cold is more intense within the house than without, as not a single window or door is air-proof, and a bright fire only increases the number and chilliness of the various currents which rush through every chink and crevice. As testimony to this effect is pretty uniform, we may very safely conclude that a winter residence in any part of Italy is not without very serious drawbacks. On this point, however, I shall be better prepared to give an opinion after I have had some personal experience. I will, however, say, that in my judgment there is not a more pitiable sight in the world than that of patients far advanced in consumption wandering over Italy in search of health. They must have strange forebodings on visiting the cemeteries, which are crowded with the tombs of foreigners who came here for health, but who perished of phthisis. How can invalids who are always sensitive and irritable, generally unacquainted with the language, the people, and the habits of the country, expect to avoid a thousand vexations and trials, thus increasing the sufferings they had expected to mitigate, and hastening the progress of a malady they had confidently hoped the climate would retard or avert? Home, and its consolations, comforts and conveniences, are too little prized by the invalid, who, seduced by the enchantment of distance, and the interested statements of local practitioners, relinquish the last chance and the last hope of recovery, to wander and perish among strangers in a distant land. We shall see, hereafter, that although the extreme range of temperature is not as great in Italy as in our own country, yet the changes and variations are frequent and sudden, and felt quite as sensitively, and probably more so, than

with us. And then there are the fatigue, discomfort, and risk, attendant upon changing their place of residence as the seasons change, to say nothing of the mania of sight-seeing, which is constantly exposing them to risks and dangers of every kind.

I am satisfied much has yet to be learned regarding the effects of climates, and of change of climate, as influencing the progress of disease. It seems to me highly probable, if not absolutely certain, that nature has adapted the constitution of man to his hereditary climate, and that it is hardly consistent with nature's laws and operations that a person born in our country, when attacked with tubercular disease, can be cured by a foreign climate entirely different from his own. The mortality from consumption is vastly greater in warm than in cold countries. What is wanted is a *uniform*, not a *warm* climate. The latter always facilitates tubercular softening, and hastens the final termination. A change of climate necessitates acclimation, and thousands sink under the probationary process from fatigue and exhaustion. The greater sensitiveness to cold, from the increase of the nervous temperament, caused by greater heat, more than counterbalances the alleged good effects of warm climates. If a change is deemed advisable or necessary in consumption, let it be a change of air in the same climate where the patient and his ancestors were born, and not a violent transition to warm countries. There can be no doubt whatever that the climate of the United States, embracing the utmost variety from the great lakes and the St. Lawrence to the Gulf, and from the Atlantic to the Pacific, affords to the pulmonary invalid greater chances of recovery than can be found in Italy or any other section of the globe.—*Amer. Med. Times.*

Remarks on Amputations. By DEWITT C. PETERS, Assistant Surgeon U. S. A.

Mr. Skey, in his instructive work on operative surgery, uses the following impressive language:

"Amputation is the last resource of the surgeon—at once the shelter and confession of the incompetency of surgical art. The knowledge and skill of the surgeon fail to cure a disease, and he is reduced to the necessity of removing the entire portion of the body of which it forms a part. If such a disease prove incurable in his hands, he is justified, in obedience to an imperative law of nature, which dictates the desire of prolonged life, in removing it, with a view to preserve the mutilated relic. There is no operation in the whole range of surgery compared to that of amputation, that should claim the previous exercise of an equal amount of skill, of patience, or the decision on which demands so large an amount of conscientiousness. The most experienced are yet but students."

The era of promiscuous surgery, both in military and civil life, has passed nearly, if not quite, into oblivion. It is with pleasure we read and witness the rise of our science in common with its kindred associations in the arts, until the present half century is reached, when we find it resting on a sound basis, and supported by established laws and precedents. The surgeon of to-day who would thoughtlessly or recklessly sacrifice a limb in preference to making the exertion to save it, does so at the peril of his professional reputation. He meets the condemnation of his fellows, and renders himself amenable to the laws of the land. The exigencies of the battle-field no longer shield ignorance or rashness, and it must only be viewed in the one light of being the chosen spot where we are to exercise our highest endowments, keen judgment, skill, and discrimination, in saving both life and limb. In the trying emergency when the army surgeon is surrounded in countless numbers by his wounded fellow beings, he wields a power for good or evil unknown to any other calling. Suspended on his efforts are the great issues of prolonging and saving life, and, lastly, that of preventing deformity, and hastening recovery. Surely, then, he should be master of his position, and feel confidence in his abilities to accomplish the most good with the least means.

The question of the preference or advantage of primary over secondary amputation in certain cases resulting from gunshot wounds, notwithstanding the statistical evidence of a list of surgeons, headed by Mr. Guthrie, is, and probably will be for a long time to come, open for discussion. The theory of John Hunter that "amputation is a violence superadded to the injury, and therefore heightens the danger," continues to have its followers, and seemingly it is not wanting in a degree of plausibility. In this instance, however, like unto several disputed points in our science, rarely the truth lies in an excessive faith for either side, but rather in choosing for our guidance a middle and safer course. There are circumstances encountered in a variety of cases met with on the field, which in their investigation cause a deviation from any rule established upon incomplete statistics, or else the surgeon sinks to the rank of a mere routine operator. It was the early practice of military surgeons to resort to primary amputations indiscriminately, and it was then the easiest and best mode of relieving the wounded. The treatment of wounds and fractures was not so well understood by these ancients as by ourselves, and, lacking army hospitals, the wounded were thrown upon the communities where they chanced to be, and it is to be supposed they received very little surgical care. In his unparalleled military experience, Larrey, no doubt, had his attention drawn to the fatal results following this general system of amputating, for on one occasion, after a great battle, he is reported to have dressed compound fractures of the leg with sheaves of grain, there being no other and better material to use as splints at his command. The fact is stated that towards the close of his career he was more cautious in resorting to the knife than he had previously been. The existing war in our own

country is doing much to elevate conservative surgery, and in no one particular point more than in deterring army surgeons from amputating without first seeking consultation. The conservative course instituted by these surgeons has been materially aided by the grand system of General Hospitals, which, like magic, have sprung up in our midst. Their number, capacity, and perfectness in detail, are at the same time the wonder and the pride of the nation. To the wounded soldier they are asylums where his flagging energies are revived, his hopes restored, and his wounds cured. They may be justly styled the spinal column to the army, and from sickness and injury they have stayed its decimation.

It is well authenticated in surgery that there is a material difference in the results following amputations performed on the battle-field, and the same operations performed in well organized civil and military hospitals. The operations may be executed with equal care and skill, yet on the field, under this severe surgical interference, the patient is prone to die. The reason is obvious, and is readily accounted for in examining the subject. A soldier after long and fatiguing marches, deprived of his rest, submitting quietly to irregularities in his diet, is suddenly ushered into a state involving great mental excitement; he over-exerts himself in the performance of his duty, and finally, struck down by a bullet, falls bleeding, and perchance badly wounded. The condition of such a person, when seen by his surgeon, is far from being desirable, nor can it be equal to the increased shock which amputation implies; therefore, succeeding the operation, reaction frequently cannot be established, and he must and does succumb. If, on the other hand, the reaction is slow, yet certain, the difference is only slightly in the patient's favor. He lacks the solid comforts and the coveted auxiliaries with which our General Hospitals abound, and he must be transported to receive them. The movements of a large army in a field of active operations require it to be relieved of its sick and wounded, and to a limited amount only can the supplies needed by them be conveyed. In consequence of these tangible reasons the indications in the treatment of recent amputations on the battle-field are violated in two very important points, viz: the parts are deprived of their natural rest and quietness. The sequel following the disturbing the patient at this period is, that he may live to reach a General Hospital with his vital powers nearly extinguished, or his strength so reduced that he is a fair subject to contract gangrene or any complication tending to lessen the chances of recovery. In the present undecided state of our experience, we are unable to determine whether many of our patients could more advantageously bear the transfer to a General Hospital in the first instance, and undergo the operation of amputation subsequently, or *vice versa*. These remarks are intended to apply directly to cases of gunshot wounds of the lower extremities, although their import reaches, to a certain degree, similar wounds of the upper extremities. The latter, however, are less dangerous to the patient, are followed by a weaker shock to the nervous system, and are considered by sur-

geons far more favorable for primary amputation than the former. In this connection it may be proper to call attention to the peculiarities noted in the constitution of some men to bear injuries, loss of blood, and severe surgical operations, better than the majority of their comrades. The same anomalous power is possessed by a few persons, when injured, to retain their strength under transportation from one point to another. In the spring of the year 1855, while serving in the Rocky Mountains against hostile bands of Utah and Apache Indians, I had charge of a soldier who had been badly wounded in the right knee-joint. By the force of uncontrollable circumstances I was not, at the time the injury was received, allowed to amputate. He was transported in a litter, supported and carried by two mules over a rough trail for the sixteen succeeding days. His equilibrium was not in the least disturbed by the journey, and on reaching our fort I placed the man under an anæsthetic, amputated his thigh, and had the satisfaction of witnessing his rapid recovery.

The mode of amputating, and the steps to be taken at each place of election, are matters clearly detailed by our text-books on surgery, and need not here be minutely recapitulated. The opinions of eminent surgeons, however, are at variance somewhat as to the exact shape of the flaps to be made in amputating, and also as to the manner of making them. The rule laid down, and practiced by many skillful operators, is to make double flaps when there is beneath a single bone (like the femur), and when there happen to be two parallel bones (like the tibia and fibula), to employ the circular operation. There is still a class of surgeons who give preference to flap operations in amputations wherever they can judiciously use them. The procedure of transfixing a limb and cutting outwards in forming flaps, has its warm advocates; and, on the other hand (especially in certain localities), the steps of the operation are reversed by the surgeons making their incisions from without inwards.

The French surgeons have modified the old circular operation by dividing in respect to layers (that they may fully retract), the integument and the muscles, each separately. They claim thereby that fewer ligatures are needed, for the vessels are severed transversely and not obliquely, as happens in the flap operation. The choice of the operation itself, or the mode of performing it, is usually the effect of education and habit. Accordingly, each varies in individual hands, and has its own peculiar merits. The highest aim of the surgeon should be to save as much of the injured parts as he consistently can, and still give his patient a useful stump. In order to accomplish this important object, it may become necessary to combine the steps of two operations, and in these special cases the ingenuity of the operator may be fully taxed. If he pays due regard to the relative anatomy of the locality, and is governed by sound surgical laws, success will surely crown his efforts.

It is not my province, in these remarks, to advocate the recommendation of any one operation over another in a particular section,

nor do I believe such a course productive of benefit. The respective operations of Hey, Chopart, Syme, and Pirogoff, are to be put in practice when by the nature of the injury they are specially indicated. The most objectionable among these plans is the procedure demonstrated by Pirogoff, which in the hands of surgeons in this country has not proved propitious to its general adoption. In amputating the leg, a slight diversity of opinion still exists on the propriety of choosing between what was known in olden times as the "rich and poor man's stump."

In selecting the point at a hand's breadth below the knee-joint to operate, we secure sufficient material for a cushion to the stump, and to which a most useful and symmetrical artificial limb can be adjusted. The place of election being the lower third of the leg, where the soft parts are scanty, we gain a poor covering for the bones, and run the risk of having the cicatrix continually ulcerated by pressure. The theory of preserving as much of the limb as possible for the sake of beauty, has long since exploded, the mechanic having substituted an artificial leg, which, when covered by clothing, is fully equal in appearance to the natural limb. The long stump is again objectionable, on the ground that it lacks strength when compared to the "poor man's stump."

The operation of amputation at the knee-joint is not practiced by surgeons of the present day so commonly as in earlier times. The operation is selected when amputation of the leg is not admissible. The mode of operating in this locality is either to form a single flap from the posterior part of the leg, or else the circular procedure is employed. In either case the ends of the condyles of the femur are sliced off, the vessels are secured, and the flaps are brought into apposition. For practical purposes the stump thus formed cannot be excelled, but the danger to the patient is enhanced by exposing and disturbing the sensitive structures composing this great joint. The constitutional troubles generally arising from the operation under consideration are of the most serious character, and not unfrequently terminate speedily the patient's existence.

The majority of our most eminent surgeons prefer the flap operation in amputating the thigh, and to the observer it is certainly one of the most satisfactory operations in surgery. The character of the injury or the effects of disease may, however, be impassible barriers against the use of this single mode of operating in all instances. In these exceptionable cases we are to be governed entirely by the surrounding circumstances in making the flaps, and, above all, we are to take care and not include unsound tissues in the newly formed stump. The selecting of the place to amputate the thigh may be followed by mighty consequences, for it is well known that the nearer the hip-joint the limb is removed, the greater is the danger, and, in a minor degree, the same may be said in approaching the knee-joint. The practice of always amputating a contused and mangled limb (as recommended by a late writer), because it is "a constant source of accumulating irritation," is a bad precedent to establish, it being at variance with our ex-

perince and also with conservative surgery. The great dangers to be apprehended and guarded against in amputating the thigh are those arising from the shock and constitutional irritation; locally, we may have secondary hæmorrhage, pressure, and ulceration, caused by the remaining portion of the femur (when the flaps are scanty, and the stump is not properly supported, the free end of the bone is prone to tilt upwards). Exfoliation of the sawn extremity of the remaining fragment, and, lastly, extensive inflammation and sloughing, may be a source of annoyance, and arrest the recovery of the patient.

In discussing the important subject of compound fractures of the thigh, too little stress has hitherto been paid by surgical writers to the saving of limbs. Following the teachings of Dupuytren, Baudens, Hennen, Guthrie, and a host of others, we are too ready to admit that amputation is our sole reliance. They would have us believe that the patients who save their limbs remain ever afterwards martyrs to a miserable existence; that for years fistulous openings, necrosed bone, shortening of the limb, gleety sores, and shattered health, torment the sufferer, and finally end his career. Others inform us amputation of the thigh is a dangerous expedient, and in their hands has resulted, in the majority of cases, fatally, yet they carefully avoid entering into any details of their manner of treating these fractures. The wonder to my mind is, that their patients ever recovered when laboring under this species of injury, for in both England and France, according to my observation, they are sadly deficient in the modern mechanical appliances necessary to treat these fractures successfully. The surgeons of America are peculiarly expert in the treatment of fractures of the thigh, which, after much study to fully comprehend, they have reduced to a science. They are not, therefore, to be deterred in their progress by worn-out theories, or the dread of encountering necrosed bone and its usual train of troublesome symptoms. If the case is pronounced favorable for preserving the limb, it is submitted to a judicious system of treatment in some General Hospital. The removal of the patient now becomes the object demanding our earnest attention, for at this early period of the injury, by negligence or carelessness, the condition of the sufferer can be rendered hazardous. The indications are, to place the parts in a natural position, keep them immovable, and dispense with snug bandages and splints. In addition to the common field litter, I would recommend that one or two double inclined planes be furnished to the surgeon of each regiment. The double inclined plane should be similar to the pattern constantly used in our large civil hospitals, where we commonly meet with these injuries. The apparatus is so constructed that it will rest securely on the litter, and can easily be changed to either side, and thus made to accommodate itself to the fractured limb. It can be firmly secured to the litter by straps and buckles, or can be fastened by strips of bandage. The advantage gained by the use of this apparatus is, that it prevents the disturbing of the patient unnecessarily, and, also, it gives us free access to the wounds

on applying fresh dressings, and when not in service it can easily be transported. The treatment of recent stumps is of far more importance than the mere steps of the operation, which can be readily learned and carried into execution. The former requires patience, experience, and skillful manipulation. It may be said with truth that on these details, more than the skill exemplified in operating, depends the patient's life. Before closing the flaps of the stump, be sure the hæmorrhage has ceased. If it is general from the fresh cut surface, it is prudent to leave the parts exposed to the air for a time, or bathe them with cold ice-water. Should the bleeding be continuous and flow from the cancellated structure of the bone, it can be arrested by a plug of beeswax or wood without injury. The dressings to be used should be light and secure, yet care must be taken to loosen them on the advent of inflammation and swelling. The great danger being from secondary hæmorrhage, we should avoid stretching the ligatures until a sufficient time has elapsed for them to become detached. In removing the adhesive straps they should first be loosened by bathing the parts with tepid water, and then with the forceps they should be seized and drawn towards the uniting wounds; an opposite course would tend to break down recent adhesions. Finally, in the treatment of the general and local symptoms as they arise in these cases, it remains for the surgeon to exercise his judgment to the best advantage of his patient.—*American Medical Times.*

United States Army Medical and Surgical Society, of Baltimore.

GUNSHOT AND PUNCTURED WOUNDS OF CAVITIES.

Dr. Dare commenced by remarking that wounds of the cavities were, as a class, the most dangerous which came under the care of the surgeon. The cranial, thoracic, abdomina, and pelvic cavities contained the viscera, including the vital organs; these viscera were liable to be injured by the missile or weapon penetrating the cavity in which they were contained; therefore the subject might be said to include *wounds of the viscera.* The principal cavities were all lined by a membrane extremely prone to take on extensive and dangerous traumatic inflammation.

WOUNDS OF THE CRANIAL CAVITY.

Dr. Dare remarked that the brain might be indirectly injured by a missile or weapon which did not penetrate the cavity of the skull. The cranial wall being driven in, the depressed and broken fragments, acting as a foreign body, compressed and irritated the brain. When symptoms denoting compression resulted, the indication was clear; but a question not so well settled was—Whether, where there was manifest depression with probable comminution

of the internal table, in absence of symptoms of depression, it was justifiable to use the trephine in anticipation of future mischief?

Guthrie's opinion was quoted—that in case of an adult, it was both justifiable and advisable. The Doctor spoke of a German Lieutenant who came to the National Hospital to have a musket-ball extracted from his head. It was found entirely imbedded in the parietal, having driven in the bone about half an inch. It was extracted with difficulty. It was then two weeks after the receipt of the injury: no brain symptoms had supervened, and, when heard from several weeks afterwards, he continued well.

As an illustration of a depressed fracture from a different cause, Dr. Dare reported the case of a man who came into the National Hospital, having been thrown from a buggy, his head coming in contact with the curbstone. The symptoms of concussion soon passed off. A fracture with depression, denoted by a well marked ridge, was discovered on the right side of the frontal bone near its junction with the parietal. There were no symptoms of depression, intellect perfect, and man cheerful. On the fifth day after admission he became somewhat comatose; he would answer questions, but irrationally and with difficulty. The symptoms becoming worse, he was, as a *dernier ressort*, trephined by Dr. D. The detached fragments were removed, and the depressed portion elevated. No marked change immediately followed the operation. The patient died within twenty-four hours.

Autopsy revealed the dura mater a little thickened under the point of fracture, but the cause of death was found to be suppuration at the base of the middle lobe of the brain, diagonally opposite on the left side at the seat of counterstroke.

A ball might pass through the cranial wall and remain in contact with the dura mater without penetrating the brain. The Doctor cited, as a remarkable illustration of this fact, the case previously read by him before the Society, of a "gunshot wound of the cranium, followed by an abscess of the brain, caused by the presence of the bullet, resulting in death two months after the receipt of the injury," and remarked that we would naturally expect, as happened in that case, ulceration to result in consequence of continued pressure.

When the brain was extensively injured by a weapon, or by a missile, either passing out or lodging, death usually resulted immediately or within a few days. Some remarkable cases were, however, recorded, in which patients survived after the most extensive injuries of the brain. The following case came under the care of Dr. Dare's former preceptor, Dr. Dunbar. A young man, out on a sporting expedition, raised his gun nearly perpendicularly and fired at a bird flying directly over his head. The gun burst, and the piece of iron by which the barrel was screwed to the stock entered about the middle of one side of the frontal bone, making a hole about two inches in diameter, and penetrating deeply into the brain, from which it was extracted by the Doctor. Some hernia

cerebri resulted, but the man recovered, preserving his mental faculties entirely He still lived, and was well.

The Doctor cited an almost exactly similar case, related by Guthrie, of a boy, nineteen years of age, from whose brain the breech-pin of a gun, three inches in length and three ounces in weight, was extracted twenty-five days after the receipt of the injury. The patient recovered perfectly. Dr. Dare remarked that such almost miraculous cases were of course rare exceptions to the rule, and that their only practical use was to teach the surgeon never to despair absolutely of a case, however desperate.

The indications in all cases of wounds of the cranial cavity, directly or indirectly implicating the brain, were—to remove foreign bodies, broken and depressed fragments of bone, or the ball, if superficial and easily accessible, and to keep down inflammation. Hernia cerebri had, perhaps, best be left to nature.

WOUNDS OF THE THORACIC CAVITY.

Wounds of this cavity derived their importance from the fact of its containing two vital organs, the lungs and the heart. What were the symptoms of a wound of the lung? Hæmoptysis was one of the most common, and was considered almost pathognomonic, but it was not universal. Some few cases had been treated at the National Hospital, in which air was respired for weeks through the external openiug, but no blood came from the mouth. On the other hand, a man might spit up blood after being struck upon the chest by a spent ball coming in contact with the belt, or some solid body in the pocket, which prevented it from penetrating the thorax. If the opening was large and direct, air would probably be respired through the external opening. Emphysema was a reliable symptom of wound of the lung, but it did not usually result unless the opening was oblique or devious in its direction.

The degree of dyspnœa depended upon the size and directness of the external orifice, and upon the quantity of blood poured out into the pleuritic cavity or substance of the lungs.

The direction and course of the ball should be observed: if there were two orifices, the ball had probably passed straight through; if it had run around superficially, its course would probably be marked by a discolored line and tenderness along its track. The presence or absence of symptoms of collapse would assist the diagnosis.

The indications for treatment were—to arrest hæmorrhage; to prevent as far as possible the admission of air from without, and thus to avoid collapse of the lung; to moderate inflammation, and to support the patient during the stage of suppuration. The treatment was essentially different in simple punctured or incised wounds, from that in gunshot wounds of the lungs In simple wounds, if there was not much hæmorrhage, the sooner and more exactly the external orifice was closed the better, in order to obviate, as far as possible, the danger of collapse of the lung, and to favor union by the first intention.

Guthrie advised that the patient should lie upon the injured side, in order to keep the surfaces of the wounded pleuræ together, that union might take place, and thus obviate the danger of emphysema and pneumothorax. If dangerous hæmorrhage existed, should it come from the intercostal artery, it should be ligated if possible; if from the substance of the lung and persisted, it might be necessary temporarily to close the wound, in order that the hæmorrhage might be arrested by coagulation.

In gunshot wounds of the chest, a compress might be applied to the external orifice until suppuration took place, then the wound should be covered very lightly, or left open. If a rib was fractured by the ball, the fragments should be removed, expanding the wound if necessary. The finger being used as a probe, all foreign bodies, pieces of cloth, or the ball, if superficial and could be felt, removed.

If acute traumatic pneumonia supervene, the treatment must be regulated by the constitution of the patient. A more enlightened pathology had discarded the enormous bleedings recommended and practiced by Guthrie. It was generally found necessary to sustain the patient by nutritous diet, tonics, and stimulants.

If accumulation of pus or blood took place in the pleuritic cavity, compressing the lung and giving rise to dangerous dyspnœa, it should be let out. If the original wound is healed, it should be re-opened; if small, expanded; or, if not dependent, it might be necessary to make a counter-opening and keep it open.

The prognosis of a wound of the thoracic cavity, penetrating a vital organ, the lung, was always grave, but it was much less so in a simple punctured or incised wound where the external orifice might be immediately closed and there was a probability of union by the first intention, than in gunshot wounds where more or less sloughing in the track of the ball must inevitably result.—*Amer. Medical Times.*

Calomel and Tartar Emetic in the Army.

The recent order of the Surgeon-General striking calomel and tartar emetic from the Supply List, has naturally excited a large amount of discussion and criticism in popular and professional circles. Quacks of every shade and complexion, from the infinitesimalist to the humblest dealer in roots and herbs, are exceedingly jubilant and profusely congratulatory. The old-school practitioner, who has to grapple daily with disease in all its multiplied forms, and solve the abstruse questions in therapeutics by actual experimentation, and who has come to give his faith to calomel and tartar emetic as his unfailing weapons in affections of great severity, fancies that a deadly blow has been aimed at his long tried and faithful allies. But students in the school of mod-

ern pathology and physiology look on with indifference, feeling that they have little or nothing at stake in the issue.

Thus far in the discussion of this order two questions have been raised:—1st, The propriety of the order, and, 2d, The propriety of removing from the Supply Table the articles referred to. The cosideration of these two propositions evidently covers the whole ground. Let us examine them in detail.

It will not be denied that it is the duty of the Surgeon-General to regulate the Medical Supply Table. Annually, or oftener if necessary, the list of remedial agents to be employed by the Medical Staff must be revised, and such remedies added or stricken from it as the service may seem to demand. And the aggregate quantity to be used within a given time for a given force is also prescribed. No one questions the necessity or propriety of this revision of the Supply Table. It has never yet been alleged that in the discharge of this duty the Surgeon-General was impertinently interfering with the practice of the Medical Staff. Nor until now did it ever occur to any one that by this act the Surgeon-General reflected upon the professional qualifications of the surgeons of the army. On the contrary, the army surgeon has always been gratified at the revision of the table, for it seldom happened that new and important remedies were not added, and old and obsolete compounds stricken off.

The reason given in the order for striking calomel from the Supply Table is its abuse by military surgeons. The Surgeon-General states that he is officially informed that not only has profuse salivation been produced in innumerable cases, but that mercurial gangrene is of not infrequent occurrence. Finding it impossible to properly restrict the use of this powerful agent, he has ordered it stricken from the list of remedies furnished by the Department. He adds that he issues such an order with the more confidence, "as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered." That the Surgeon-General has presented sufficient reasons for his order no one not stubbornly wedded to antiquated ideas can deny. The correctness of his information in regard to the lamentable consequences following the abuse of calomel no one will doubt who has visited many military hospitals, and inquired particularly as to the practice. A certain class of physicians almost invariably employ calomel, and always administer it in cases of doubtful diagnosis; and they are not satisfied unless they produce its constitutional effects, believing that it is only under such circumstances that it is effectual. We have known of its exhibition in military hospitals to salivation in chronic diarrhœa, Bright's disease, chronic rheumatism, etc. But it may be said that in certain diseases it is acknowledged by all authorities to be useful, and is the army surgeon to be deprived of mercurials because certain persons abuse calomel? We answer, certainly not. There are still on the Supply Table several of the more elegible and useful preparations of mercury. There is the

blue mass, mercury and chalk, bichloride, iodide, etc., all much more elegant than calomel, and far more likely to give the beneficial effects of mercury without the unfavorable results.

That modern pathology has very much limited the class of diseases to which mercurials have been considered especially applicable, is apparent on every page of our recent works on practical medicine and surgery. Within twenty years, from being one of the most frequently employed agents of the materia medica, it has come to take a very subordinate position. And it should be a cause of sincere congratulation with every practitioner that, with the advance of modern pathology, a remedy of so much power for evil, if injudiciously used, is gradually being supplanted, whether by a more correct knowledge of its therapeutical uses, or by more elegible and more intrinsically harmless agents. The same remark is true of tartar emetic. This article the Surgeon-General has also stricken from the Supply Table, "for the reason that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith."

After a careful review of this subject, with an extended observation among the military hospitals, and of inquiry among army surgeons, we are compelled to regard the order of the Surgeon-General as a judicious, and even a necessary measure. In the opinion of the best medical officers, in no other way could the evil have been successfully reached. Fully confirmed in this view, we must regard the harsh criticisms of the Surgeon-General by certain medical conservatives as exceedingly unwise and unjust. We believe that in this order, as in all his official acts, he has not only endeavored to advance the best interests of the army medical service, but equally to maintain the honor and dignity of the profession of which he is a distinguished member.—*Amer. Med. Times.*

Chancres. By W. E. Bowman, M. D.

Treatment of Soft Chancre.—Assuming that the reader is cognizant of the facts so briefly stated in the last two numbers of the Lancet, I need not dwell on the importance of a proper diagnosis of the different forms of chancre, before commenting on the treatment of them, which differs so widely.

Although mercury, taken internally, ends the cicatrization of hard chancre, it has no beneficial influence upon the chancroid, which remains stationary, or even progresses after salivation.

The virus resting in the sore itself and its underlying tissues, is only effectually destroyed by thorough cauterization.

Pernitrate of Mercury.—Having been invariably successful with this form of caustic for the arrest of soft chancres, in my own practice, I place it "par excellence," first on the list. I prepare it by adding an ounce of red precipitate to an ounce and a quarter of

nitric acid, in which it readily dissolves by shaking. It is very painful when thoroughly applied, causing much inflammation, and when the chancre is large, the effusion of serum into the cellular tissue of the prepuce. It has seldom to be employed but once, however, even in aggravated cases; nor have I ever noticed any injurious effect, hitherto, from its employment. Linseed poultices should be kept to the part until the inflammation subsides, and afterwards water dressing; when the gray slough separates, which it does generally in three or four days, the healthy ulcer left afterwards must be treated in the usual way with wet lint and oiled silk; stimulating it with red wash or solution of the chlorate of potash, should the granulations become exhuberant. Collections of serum formed after the operation may be allowed to ooze away through punctures made into them with a needle.

Canquoin's Paste.—Rollet and Diday assert that this caustic, composed of equal parts of chloride of zinc and flour, whilst exceedingly efficacious, gives but very little pain. It is made by drying the powdered chloride over a spirit lamp before mixing it with dried flour, and adding alcohol, drop by drop, until the paste is formed, which is to be spread thinly on cloth and again subjected to a gentle heat, a disc of this paste corresponding in shape to the chancre and slightly exceeding it in size, is cut out and retained upon the surface, previously cleansed of matter, from one to three hours, and in large phagedenic ulcers from four to six hours, the patient keeping his bed until the paste is removed.

Other Caustics.—Nitric, strong acetic, and sulphuric acids, caustic soda, potassa cum calce, and even the actual cautery or knife, have their respective advocates. Dr. Bumstead, to whose work much of our former article was indebted, recommends the nitric acid in preference to all other applications, although he confesses that it sometimes requires to be repeated every second or third day.

When wrong to Cauterize.—Thorough cauterization is inadmissible when a chancroid extends deeply, and is situated directly over the urethra in either male or female, or in the vagina, when lying in contact with the bladder, rectum or peritoneum, on account of the danger of an opening being created into these parts on the separation of the slough. Again, cauterization is not applicable when the chancroid cannot be fully exposed as in phymosis, or when situated within the urethra, os uteri, etc., and would be useless unless every ulcer could be reached that would be likely to inoculate anew the eschar.

Nitrate of Silver.—This is altogether too feeble in its action for universal adoption in cases of chancroid, but proves extremely useful in those enumerated that do not allow of a more powerful application. A comparative trial of the merits of the nitrate of silver and the solution of the pernitrate of mercury, would satisfy the most skeptical of the superiority of the latter, even for the sore which has long remained stationary, or even continued to extend, notwithstanding the constant use of the one, will be found to yield

XUM

rapidly and cicatrize after a single thorough employment of the other.

Stimulating Lotions.—These have the same influence upon a chancre as upon simple ulcers, and although they do not affect its specific character, do much good by keeping the pus removed as fast as it is secreted, and by coagulating the virus and hardening the adjacent tissues, prevent the inoculation of the surrounding parts and check the growth of the sore.

Among the many astringent and disinfecting lotions now in vogue, the following may be mentioned as some of those most frequently employed, viz:

℞. Zinci chlor gr. j. aquæ ʒ j. m.
℞. Liq sodæ chlorinatæ ʒ j. aquæ ʒ ij. m.
℞. Ac. nitrici dil ʒ j. aquæ ʒ viij. m.
℞. Tannin ʒ ij. tinct opii. ʒ ss. aqua ʒ viij. m.

But the strength of these solutions must be adapted to the sensibility of the part which varies in different cases, they should never be so strong as to excite pain or produce irritation, and indeed in many cases, when constant attention can be paid to them, the lotion might as well consist entirely of water or glycerine.

The dressings should be kept covered with oiled silk and renewed in ordinary cases as often as two or three times a day, that the discharges should not long remain in contact with the sore.

The black wash so much employed all over the world is composed of two scruples of calomel and four ounces of lime water; it is less cleanly and desirable than any of the forms above mentioned.

Acetate of lead is objectionable on account of its forming an insoluble albuminate of lead on the surface of the sore which is with difficulty removed, and hides its progress.

Chancres beneath the prepuce, when it can be drawn back and examined, are often dressed with dry lint, which soon becomes sufficiently moistened by the natural secretion of the part.

Chancres of the Frænum.—The frænum is particularly liable to be destroyed by chancre. When perforation takes place, the bridle should be cut and the raw surfaces cauterized. Diday recommends the separation to be made with a pair of hot scissors which should be dull, these cut and cauterize at the same moment.

Urethral Chancres.—The surfaces of urethral chancres when near the meatus should be kept separate by means of wet lint, which should be pushed down upon the sore with a probe, and have a thread attached to it to facilitate its withdrawal. When out of sight, the case must be treated as in gonorrhœa, by first subduing the inflammatory symptoms, by diet, rest, diluents, cathartic medicines, &c., and the employment of emollient urethral injections, afterwards resorting to those which are more powerful.

Phymosis.—If the chancroid be concealed by a tight and inflamed prepuce, free use should be made of the syringe with tepid

bathing of the part which will not only keep the secretion from collecting, but also contribute materially to the reduction of the inflammation. When possible a little dry lint may be passed up to the sore and allowed to remain for a few hours before renewal. When the head of the penis is swollen and painful, it must be kept constantly buried in an emollient poultice or be fomented with infusion of poppy heads.

Iron Internally.—When soft chancres are slow in healing, Dr. Thompson remarks that nothing appears to hasten cicatrization so much as a mild form of iron given internally, and the potassio-tartrate appears with him to be most successful in such cases; he prescribes it in doses of a scruple in water twice a day.—*Canada Lancet.*

Strangury from Cantharides.—Dr. Ameuille, of Paris, has brought into notice there the Dublin mode of treating this complaint, introduced by Dr. Mulock, namely, that of giving half drachm doses of liquor potassæ every hour. Dr. Ameuille says that it acts like magic, and that he never finds over two or three doses necessary to effect a cure; it should be given in gruel or linseed tea.

Chlorodyne.—This is the fashionable remedy of the day; 30 drops should be given in a little water or syrup.

We have always succeeded well with tincture of henbane and sweet spirits nitre, equal parts; giving a drachm of the mixture every hour until the patient is relieved.

Dr. Wood recommends an injection into the rectum, of from 40 to 60 drops of tincture of opium in a wine glass full of starch gruel, at the same time directing the patient to drink plentifully of the infusion of linseed.

W. Cumin, in the Cyclopædia of Practical Medicine, says that in every instance it is wisest to unload the bowels as speedily as possible, and as Dr. Good recommends saline purgatives, it might be as well to give a Seidlitz powder every hour until the bowels are freely opened.

Camphor is an old remedy for strangury; it can be given in five grain doses dissolved in a few drops of chloroform and shaken with a little syrup on taking, repeating it every hour or two if necessary; or it may be applied locally to the perineum by means of hot flannel wrung out of boiling water, on which may be sprinkled 20 or 30 grains of the powdered gum; this generally soothes the pain at once.

Vesical Injections.—There is much difference of opinion concerning the propriety of injections of oil or mucilage in strangury, as the benefit derived is said to be more than counterbalanced by the injury done to the irritated membrane of the urethra during the passage of the catheter.—*Canada Lancet.*

XUM

Removal of Calomel and Tartar Emetic from the Supply List.

[To the Editor of the American Medical Times.]

One of the principal reasons given by the Surgeon-General for removing calomel and tart. antimony from the Supply Table is, "that modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered." Now, if this is so—and I do not deny the fact—then every intelligent surgeon should be in the possesion of such facts, and should and would avoid the giving of mercury in such cases wherein it has thus been found to be useless or injurious. Therefore, then, assuming that the medical staff of the army are men of medium intelligence in their profession, this cannot be a good and sufficient reason for excluding not only mercury but tart. antimony from the supply table. The Surgeon General does not say that these tabooed remedies are not remedial agents of acknowledged efficacy in certain diseases at all—his experience teaches him better—or that their place can be filled by any other agent or agents whatever, for his experience also teaches him that this cannot be done, but simply says these articles have been used in such a manner as to amount to abuse. I would ask the Surgeon-General, and the profession at large, if it is a good and sufficient reason that, because an article has been improperly used, henceforth it should not be used at all? If we admit this theory, we shall not only exclude mercury and antimony, but every important remedial agent in the materia medica. Who does not believe that alcoholic stimulants have been greatly abused, and that they have slain their thousands? Yet who would deny them on this ground to the exhausted soldier dying from the shock of a wound? No rational man, surely. Who would refuse to use chloroform because it has been abused in incompetent hands? Why, on this ground, every blessing bestowed on us by a beneficent Providence would have to be thrown aside and rejected. If it is a fact, as this circular implies, that the army surgeons are incompetent to use articles of acknowledged efficacy, for humanity's sake discharge them at once, but do not tie up the hands of the intelligent surgeon, and compel him to look on and see his patient die, when the power to save him is within his reach. In cases of inflammation of the fibrous tissues, such as rheumatic pericarditis, endocarditis, peritonitis, sclerotitis, etc., an experience of thirty-five years tells me that mercurials and antimony, but especially mercury, will do more to save life than all other remedies combined. The alkalies will, it is true, do something to aid in this class of complaints, but mercury is the medicine par excellence. It stands at the head of the defibrinating remedies, and in such cases cannot be dispensed with. It is also equally useful in acute nephritis and some of the affections of the liver, to say nothing of syphilis. In rheumatic affections of the extremities we can wait

for the action of alkalies, and in peritonitis we can use opium in large doses, but in acute inflammation of the heart, who would use opium or veratrum who understands his business, or who wait for the slow and uncertain action of alkalies? In such cases, as an adjunct, antimony is of great importance, and will do much, if properly used, to subdue disease and save life. If, as I have said before, your surgeons are not competent to fill the stations they occupy, then remove them, for, if they are not capable of using without abusing mercury and antimony, they certainly are not capable of using very many other remedial agents, or of being trusted to use medicines at all. If I were an army surgeon, I should consider such an order as a direct impeachment of my capabilities, and offer my resignation at once. Besides, this order is calculated to bring these two important medicines into great disrepute with the public, and give aid and comfort to our enemies, the quacks.

E. P. BENNETT, M.D.

DANBURY, CONN.

Bibliographical Notices and Reviews.

A Manual of Minor Surgery. By J. H. PACKHARD, M.D., Demonstrator of Anatomy in the University of Pennsylvania, one of the Visiting Surgeons to the West Philadelphia Military Hospital, etc., etc. *With* 145 *Illustrations. Authorized and adopted by the Surgeon-General of the U. States Army, for the Use of Surgeons in the Field and General Hospitals.* Philadelphia: J. B. Lippincott & Co., 1863.

The aim in view in the preparation of this volume has been to produce a practical Manual, to put the reader in possession of clear directions for ordinary duties of the practice of surgery. Very little has been said on the principles of surgical science, the object of the work being purely practical.

A Board convened by the order of the Surgeon-General, to examine the work, reported it as being better for the emergencies of the field than any of the treatises with which the market has hitherto been supplied.

We have taken the pains to look through this little Manual, and have no hesitation at all in indorsing very fully the views of

the Board. For field service the work is well adapted. The directions to the young Surgeon are concise, it is true, but not condensed into obscurity. They are sound, too, and if heeded, will lead to good practice. Dr. Packhard, we must say, has acquitted himself, in the line of getting up hand-books on Surgery, very handsomely.

A Practical Hand-Book of Medical Chemistry. By JNO. E. BONMAN, F.C.S., formerly Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOEXAM, Professor of Practical Chemistry in King's College, London. *Third American, from the Fourth and Revised London edition. With Illustrations.* Philadelphia: Blanchard & Lea, 1863.

It is now seven years since the publication of the *Third* edition of this work. During this time considerable advances have been made in Medical Chemistry: these the Editor has endeavored to represent in the concise and simple style that characterizes the text.

Chemistry is a term of rather difficult definition. Some physicists shrink from the task altogether. Perhaps we might not go far astray in saying that chemistry has for its object an explanation of the molecular action of matter upon matter, and all of the circumstances by which that action is affected. Physiological chemistry would seem to imply that the natural processes of the body are carried on on chemical principles; and Medical chemistry would seem to imply that medicines, in the cure of disease, act on chemical principles. In either case nothing is further from the truth. Yet it is convenient to use these terms.

Editorial and Miscellaneous.

Surgeon-General's Order No. 6.

This Order of Surgeon-General Hammond has produced quite a sensation throughout the country. Medical men, in regard to it, are quite unanimous in their expressions of disapprobation. Meet-

ings too have been held, especially for the purpose of bearing testimony against it. The Ohio State Society and the American Medical Association have both passed resolutions condemning the order in very positive language. Really, the profession seem to be a unit against it.

The origin of this obnoxious order, we think, should be sought for, not by any means in anything that has recently occurred in the army. Perhaps if an antiquary were employed to look into the past a little, he might make the discovery that the Surgeon-General, a good while ago, happened to be placed in circumstances where he became impregnated with some of the heterodoxy then so rife in the land, and as a consequence this Order No. 6 is simply the announcement that he has accouched himself of some of it safely; and the hope now is that he feels better. This explanation derives plausibility from several considerations. There are those still living who profess to have had some cognizance, in former times, of certain tendencies of the Surgeon-General towards things "Botanical," "Eclectic," etc. It is said that in his younger days he looked upon calomel with not the least degree of allowance. He is represented, indeed, as having, while occupying a public position, eschewed the drug altogether, and ordered it cast out of his presence.

Granting to the Surgeon-General the possession of exalted character, there is nevertheless an assumption of authority in this order that strikes medical men very abruptly, and very unpleasantly. The order virtually says to the medical men of the army: "Gentlemen, you are not to be the judges of what articles of the materia medica you are to use in the cure of disease. I am your master just now, and I claim the right and will exercise it, of withholding from you two very dangerous articles, calomel and tartar emetic. I am afraid, if I allow you to use these articles, you may kill somebody with them." Until this order made its appearance, the profession imagined that the Surgeon-General's authority, although pretty broad, was not susceptible of a construction that takes away entirely the private judgment of the surgeons of the army, thus converting them into a set of mere automatons. It matters not what the masters of the profession have said in regard to the use of the articles in question, the Surgeon General must, it seems, be obeyed. The case amounts to this: a man of very common parts, dressed

XUM

in a little brief military authority, aspires to dictate to the entire Medical Profession.

The excuse for the order in question is the old one that has been in the mouths of ignorant Innovators for the last half a century—"more harm than good done." How it has come to pass that the principal officer in the medical department of our army has yielded to the pressure of one of the commonest and most transparent of sophisms, is a question that we leave the reader to solve for himself. Waiving all comments upon the weakness with which this weak officer has been afflicted, we might inquire what evidence, except the *ipse dixit* of the Surgeon-General, have we had that tartar emetic or calomel has been administered by army surgeons without the proper amount of care? We are far from claiming more than ordinary qualification for our surgeons; but still farther from joining in an implied censure of their conduct, without the most positive evidence that they deserve it.

We stated in the commencement of our notice of this Order No. 6, that it likely had its origin rather in the speculations of the Surgeon-General in former days, than in anything that has been observed touching the subject of abuse of drugs since the organization of the medical department of the army. This presumption is strengthened by the following language found in the order: "Modern pathology has proved the impropriety of the use of mercury in many of those diseases in which it was formerly unfailingly administered." "*Modern pathology*" and "*unfailingly administered*" are rather queer expressions from one who sets himself above the medical profession. The Surgeon-General designed to say, most likely, that the diseases of the present day can be as well treated without mercury as with it. Is this proposition, however, true? The Medical Profession says it is not; that there are some diseases for which calomel is *the* remedy. Here, then, we have an issue between the Surgeon-General and the Profession. The head of one or the other must go under.

An individual often passes about in community, without any one suspecting that he is a lunatic, when of a sudden he does something by which his mental condition is fully revealed, and he is at once packed off to an asylum for treatment. Between such an individual and the Surgeon-General there are strong points of resemblance. No one noticed anything in his conduct to excite apprehension, until he issued this Order No. 6. This has at

once raised the questions: "Is the Surgeon-General medically sane?" Is it right, after the suspicious phenomena he has exhibited, that he should be permitted any longer to rule over us?

In conclusion, may we not ask, why other articles of the materia medica—such for example as strychnine, veratrum, morphine, etc., articles in regard to which mistakes of administration are more likely to happen and more likely to prove disastrous than mistakes in the use of calomel or tartar emetic—have not been struck from the Supply Table?

Transactions of Societies.—We give up a large portion of our pages in this Number to the publication of the Transactions of the American Medical Association, which met at Chicago on the 2d ult., and the State Society, which met at White Sulphur Springs.

The transactions of both show a pretty clever attendance—much larger than might have been expected, the state of the country considered. They both agree, too, in the circumstance of an absence of the usual number of reports of committees.

Just now is not the time for Societies, further than what is merely necessary to keep up organizations. It is the time for the collection of material. The time for elaboration will come by and by.

It might not be out of place to allude, in this connection, to an evil that has been growing upon our Societies for years, and that if not remedied will before long result in making the meetings thereof useless to those who attend them. We allude to the practice of continuing from year to year committees that fail to report at the expected time. It is no pleasant duty to expose the improper conduct of any one of our confreres, and what we do in this line is done with great reluctance, and merely in the *pro bono publico* way. A member of a Society, fond of notoriety but totally unqualified, manages to get himself appointed through some friend or other as chairman of a committee, without the least intention of ever making a report. At the time expected no report, but an excuse offered and leave asked that the committee be continued another year. Another year passes with the same results. Vain persons make use of our Society in this way, and have ever since its organization, for the purpose of advertising themselves.

XUM

Any one acquainted with the profession, State and National, will observe in looking over the committees for the ensuing year some very excellent selections, as good as could well have been made. But in the majority of cases no reports need ever be expected, and in some instances the reputation of the Society considered delinquency should not be criticised.

Notwithstanding the Association was better attended—seventeen States represented—than might have been expected, there were many that thought that the late meeting should, in view of the state of the country, have been still further postponed. Quite a number of the profession in Chicago shared this opinion, and declined any participation in the proceedings. Politics distract and often temper unfavorably all classes. The most discreet and judicious yield with amazing facility to the pervading excitement. Reason is impotent—religion is impotent. *Time*, and *time* alone, has the power to set all things straight. The late meeting of the Association, however, was fortunately characterized by harmony. This may also be said of our State Society.

Queer Fellows.—Some one has said:

> "There ne'er was a goose but, soon or late,
> Could find an honest gander for a mate."

Poets, although not always orthodox, occasionally stray into a pasture abounding in truisms. The order of the Surgeon-General, No. 6, in regard to calomel and tartar emetic, is so decidedly at variance with science and propriety, that the profession pronounced at once against it. Still the Surgeon-General finds a few medical men queer enough to defend him. Such are not to be despised, though in sackcloth and ashes we should mourn over their presence among us.

Obituary.—Dr. Saml. A. Cartwright, of New Orleans, died near Jackson, Miss., on the 2d of May last, aged 72 years. Dr. Cartwright was no common man. As an Essayist, he ranks among the first of our country. His writings are characterized by uncommon learning and judgment. He formerly practised in Vicksburgh, but for the last fifteen or twenty years he has resided in

New Orleans. Among the most brilliant of his contributions is his essay on the *Jessuca Grandiflora.*

Dr. Estep, Surgeon of the 126th Ohio, was killed on his retreat with his regiment from Martinsburgh, Va., on the 20th of June. Dr. Estep was a very worthy member of our profession, and his death will be lamented by numerous friends.

On the Use of Glycerine in Surgery and Medicine. By E. J. TILT, M.D., M.R.C.P., &c.

Glycerine is not sufficiently valued in this country as a therapeutical agent; whereas the high estimation in which it is held on the Continent may be inferred from the fact, that from 1851 to 1861 the annual consumption of glycerine in the Paris hospitals rose from 300 lbs. to 3000 lbs. I propose to point out the principal advantages of glycerine from personal experience, and from that of an eminent Paris surgeon, M. Demarquay, who has been chiefly instrumental in introducing this agent, and has just published the results of his experience in an interesting little work. In the process of making lead-plaster, glycerine is produced, but, as it contains lead, it has an irritating action on abraded surfaces. The only glycerine, therefore, fit for medical and surgical uses is Price's, which is made by subjecting palm oil to steam raised to a temperature of 300° centigrade, and its specific gravity should be 1·26.

Glycerine is too well known to require description. Although derived from fatty substances, it will not combine with them, but mixes with water in any proportion, and has the power of dissolving all our active therapeutical agents about as readily as weak alcohol.

SURGICAL USES OF GLYCERINE.

Pure Glycerine.—In household surgery, glycerine is known as the best remedy for chapped hands and slight irritation of the face and lips. I have found it invaluable when freely used in nasal, pudendal, and anal irritation. It is applied in a large number of skin diseases in France; and Maisonneuve, Denonvilliers and Demarquay use it to dress ulcers and wounds, instead of cerate. It appears to have antiseptic properties, inasmuch as it speedily

XUM

gives a healthy appearance to foul, unhealthy, and even pultaceous-looking wounds. This is admitted by Baron Larrey, whose report is in other respects unfavorable to its use in surgery. Indeed, this antiseptic property might be inferred from its preserving from decomposition meat and microscopic objects that are kept in it, or have been steeped in it.

Liniments.—Glycerine does not become rancid, like oil. It is cleaner, can be easily washed off, and does not stain the body linen like oil. Though glycerine does not dissolve fat, it is said to dissolve the sebaceous product of the skin, and thereby to facilitate the absorption of the various ingredients which it may hold in solution. For these reasons, glycerine is far preferable to oil as a basis for liniments.

Lotions.—Since Mr. Startin has praised glycerine as a useful ingredient of lotions for the skin, this has been fully admitted. Its stability, cleanliness, innocuousness, and antiseptic properties make it a valuable ingredient for all the variety of lotions which are applied to the inflamed or to the unhealthy mucous membranes of the mouth, eyes, nose, ears, rectum and vagina.

Ointments.—When starch is boiled in glycerine the membranes burst and uniformly thicken the liquid. If eighty grains of starch are boiled in one fluid ounce of glycerine, a moderately stiff and tenacious plasma or ointment is the result. It is stable, inodorous, clean, and is capable of holding in solution or suspension all the agents usually incorporated with lard. Glycerine ointment does not become rancid like other fatty substances, does not soil the body linen, and can be instantaneously removed by means of a damp towel.

Mr. Bullock, of Hanover street, has made experiments of combining glycerine with several kinds of starch, and I lately exhibited the samples at a meeting of the Obstetrical Society. Every kind of starch makes a very serviceable product, but maize and the ordinary starch seem to give the stiffest and most satisfactory result.

It has been objected to glycerine ointment that it is too absorbent of moisture to be useful; but this is not true. It absorbs moisture only to a limited extent—suggesting to the pharmaceutist the advisability of not making a large quantity at a time, and of keeping it closely covered up.

Glycerine ointment has been used in France under the name of

glycerat d'amidon. It has been extensively prescribed by my friend Mr. Henry Lee, and by Dr. Symonds and Dr. W. Budd, of Clifton. Mr. Schacht, of the same town, wrote a paper on the subject, which will be found in the *Pharmaceutical Journal* for 1858. For the pelvic and spinal pains attendant on uterine inflammation, I frequently prescribe the following ointments: Sulphate of atropia, two grains; glycerine, half a drachm; oil of neroli, four drops; glycerine ointment, one ounce. A portion of this ointment, about the size of a small walnut, is to be well rubbed in, night and morning. Acetate of morphia, ten grains; otto of roses, one drop; glycerine, half a drachm; glycerine ointment, one ounce.

Plasters.—It occurred to me that by boiling a larger quantity of starch in the same quantity of glycerine the ointment might become stiff enough for all the purposes of plasters. Mr. Bullock therefore boiled 100 to 150 grains of starch in an ounce of glycerine, and obtained a very firm and tenacious compound, to which I have directed attention, in my "Hand-book of Uterine Therapeutics," as well calculated to make ready-made plasters, not open to the objections raised against those in common use, which either do not stick at all, or stick so firmly that their removal is difficult. Some of them also smell so disagreeable as to interfere with a patient's sleep, while others cause a skin irritation which was not desired. With the glycerine plasters the patient may continue using the sponge bath or any other bath that may be advisable, as there is no difficulty in removing and replacing the application. This hard glycerine ointment is capable of holding, partly in solution partly in suspension, all the ingredients of the plasters now in use. It can be made softer by being rubbed up with a little glycerine, and I tell the patient to spread it thickly with a paper-knife on gutta-percha cloth, or on the fluffy side of leather, or on impermeable wash-leather. Before reapplying the plaster it is well to spread a little more ointment, and they can be speedily cleaned with a sponge and tepid water. Thus, instead of prescribing a belladonna plaster, I order—Sulphate of atropia, four grains; otto of roses, one drop; hard glycerine ointment, one ounce. The salt is to be rubbed down with a few drops of glycerine, and incorporated with the ointment. I give veratria in the same proportion, and double the quantity of morphia. The following compound sedative plaster can be made in the same manner: Sulphate of

atropia, three grains; veratria, three grains; sulphate of morphia, eight grains; otto of roses, one drop; hard glycerine ointment, one ounce.

MEDICINAL USE OF GLYCERINE.

It is said to be useful in dysentery, and its antiseptic properties justify its trial in cases of ulceration and inflammation of the stomach and intestines. Experience has not confirmed the assertions of those who affirm that it acts on the system like cod-liver oil.—*London Lancet.*

On the Classification of Mammalia. By Professor T. H. Huxley, F.R.S.

The battle-ground of classification is now confined to the orders of Monodelphia. Some will not admit the order of Toxodontia; by others the Primates are divided into Quadrumana and Bimana; again, others unite Sirenia and Cetacea. But it is useless to enter upon this ground, and we must ascertain how these orders may be arranged, by clear and definite characters, into larger divisions. The earliest attempts at this were made by Sir Everard Home, but his definitions were very rough and are not worth mentioning. He spoke of the characters of the placenta in different mammals. The next step was taken by Mr. Waterhouse, who was struck by the form of the brain in Mammalia, and divided the Monodelphia or Placentalia into two groups:

Placental Mammalia.

- I. Those possessing a smooth brain. (Waterhouse.)
  - *Lissencephala* (Owen).....
    - Cheiroptera.
    - Insectivora.
    - Rodentia.
    - Edentata, or Bruta.
- II. Those having a convoluted brain. (Waterhouse.)
  - *Gyrencephala* (Owen).....
    - Quadrumana.
    - Carnivora.
    - Cetacea.
    - Proboscidea.
    - Peristodactyla.
    - Artiodactyla.
    - Sirenia.
  - *Archencephala* (Owen).... Homo.

Mr. Waterhouse does not, however, mention Man. After that, in 1844, Milne-Edwards proposed another classification, based on the characters of the placenta, having, however, nothing to do with Sir Everard Home's. He pointed out four, or rather three, different forms of placentæ. In the first the villi are scattered over the

chorion; the second form has these united in knobs (cotyledons). The first is a *diffuse* placenta; the second a *cotyledonary* one; but in reality they are the same form modified. In the third kind the villi form a ring round the ovum, constituting a *zonory* or *zonular* placenta; and lastly, in the fourth it is cake-like, and is termed a *discoidal* placenta. This exists in Man, Apes, Insectivora, Cheiroptera, and Rodentia. The Carnivora possess a zonular placenta. In the rest it is either diffuse or cotyledonary. (In Hyrax it simulates a zonular form.) In 1859, Professor Owen, in a paper read before the Linnæan Society, and printed in that Society's Proceedings for the year, returning to the cerebral characters, put forth another classification of Mammalia, calling Mr. Waterhouse's smooth-brained mammals Lissencephala (as shown in the preceding table); those with convoluted brains, Gyrencephala, and for Man he formed the sub-class, Archencephala. Now here are three classifications; which of them is the most worthy of adoption? That is to say, which explains, in the clearest and most definite way, the anatomical characters of the groups which it contains? Prof. Huxley began with the last mentioned. First of all, do the differences said to exists between the brains of Archencephala and Gyrencephala, and of these and Lissencephala, really exist? We shall see; and it is better to give Professor Owen's own words to avoid mistakes. These are the characters he gives to his Lissencephala:—"The next well-marked stage in the development of the brain is where the corpus callosum is present, but connects cerebral hemispheres as little advanced in bulk or outward character as in the preceding sub-class (Lyencephala containing Implacentalia), the cerebrum leaving both the olfactory lobes and cerebellum exposed, and being commonly smooth, or with few and simple convolutions in a very small proportion composed of the largest members of the group. The mammals so characterized constitute the sub-class Lissencephala."

Professor Huxley then exhibited the brains of an anteater and a capybara (both Lissencephala); they were abundantly convoluted. He then showed the brain of a genett (Viverra), nearly quite smooth, as is also that of marmoset monkeys, these being placed among Professor Owen's Gyrencephala, which he thus characterizes:

"The third leading modification of the mammalian cerebrum is such an increase in its relative size that it extends over more or

less of the cerebellum, and generally more or less of the olfactory lobes. . . . . The superficies is folded into more or less numerous gyri or convolutions, whence the name Gyrencephala, which I propose for the third sub-class of Mammalia."

It is a puzzling thing to appreciate the value of sub-classes placed in such a position. How can a Lissencephala have a convoluted brain and a Gyrencephala a smooth brain? These distinctions may do as far as general characters are concerned, but can never form the definition of a sub-class. And now for Professor Owen's last sub-class, which he defines in the following manner:

"In Man the brain presents an ascensive step in development higher and more strongly marked than that by which the preceding sub-class was distinguished from the one below it. Not only do the cerebral hemispheres overlap the olfactory lobes and cerebellum, but they extend in advance of the one, and further back than the other. Their posterior development is so marked that anatomists have assigned to that part the character of a third lobe. It is *peculiar to the genus Homo, and equally peculiar is the posterior horn of the lateral ventricle and the 'hippocampus minor,'* which characterize the hind lobe of each hemisphere. . . . . I am led to regard the genus Homo as not merely a representative of a distinct order, but of a distinct sub-class of the Mammalia, for which I propose the name Archencephala."

To all who understand plain language, said Prof. Huxley, the meaning of this paragraph is quite clear. When a man gives certain characters as peculiar to one group, he must mean that they are found in that and no other. The lecturer then proceeded to put before his audience facts in opposition to Professor Owen's statements. First, the backward extension of the posterior or third lobe further than the cerebellum is anything but *peculiar* to Man, as Professor Huxley showed by the cast of the interior of the skull of a gorilla (as everybody knows, the cast of the interior of the skull in all mammals gives a very good and exact idea of the form of the brain, as in them this organ fills up completely the cavity of the skull); and placing it so that the tentorial plane was horizontal, he showed how the cerebellum was completely covered by the posterior lobes, so that a plane object held perpendicularly to these cannot touch the cerebellum. It is quite easy to demonstrate this fact with the skull alone. Drawing a line from the lateral sinus to the margin of the pars petrosa—attachments of the tentorium—the

overlap is then perfectly clear. And when one comes to the lower apes, baboons, and others, it is obvious on examination that the cerebellum is overlapped to a far greater extent than in Man; and, as T. Geof. St. Hillaire showed long ago, this attains a maximum degree of development in the Chrysothrix—small American monkeys. The same occurs with the posterior cornu, which in Man is sometimes very short, and with the "hippocampus minor"—both being extremely variable. Where the posterior lobe and its posterior cornu exist, the hippocampus minor is always present; it is a prominence on the floor of the posterior cornu, formed by a pushing in, as it were, of a particular sulcus on the inner and under surface of the posterior lobe parallel with the horn. Now, all these structures certainly exist in many apes. Mr. Marshall has shown them in the chimpanzee, Dr. Rolleston in the orang, in which these structures are very largely developed, and, as Prof. Huxley showed with specimens he had, larger comparatively than in some men. The same is the case with the gorilla, and by far the largest number of apes. The lecturer said that he could not understand how, when these characters, said to exist, do not, the two sub-classes, Gyrencephala and Archencephala, can be separated; and surely, even if these did exist, no sound zoölogist would make such variable characters the basis of a classification, these being the last structures in the world to base definition on. Thus the sub-classes Gyrencephala and Archencephala fall to the ground. The structures above referred to vary so much, that in two genera of apes—the South American *Mycetes*, and, as Mr. Flower has recently shown, the Gibbons *(Hylobates)*—the cerebellum projects slightly; and in the last, one of the genera of the man-like apes, the cerebellum is so large that it projects not only posteriorly, but also laterally.

Let now more positive grounds occupy our time. Milne-Edwards laid great weight on the form of the placenta, but not on its structure—a much more important if not valid character, forming the basis of a classification which is at present the most certain. In all placental mammals examined, the formation of the placenta is preceded by a swelling and increased vascularity of the walls of the uterus, forming the "maternal placenta," into whose depressions and sinuosities the villi of the fœtal placenta dip and interlock; this takes place so firmly in some mammals that at birth the maternal comes away with the fœtal placenta. These may thus

be said to have a *coherent placenta;* while all the rest, in which the fœtal placenta alone comes away, have an *incoherent placenta.* As far as our present knowledge goes, this classification holds good for all, and moreover does not break natural affinities. Some say that it is unnatural because it groups together very dissimilar animals, such as men, apes, bats, rodents, hedgehogs, and shrews; but anybody who has studied the so-called Quadrumana is well aware that in them forms exist quite as low as any of these, and differing extremely in many characters one from another—from the gorilla, with a dentition, uterus, and many other organs similar to those of men, tailless and walking nearly erect, to the lemur, possessing a totally different dentition, walking on all fours, and provided with a long tail; and yet nobody has ever doubted that it is one of the Quadrumana, and certainly not the lowest, for in them we have such animals as the tarsius, the rodent-like cheiromys, and the bat-like galeopithecus, feeding on insects, and possessing an intelligence inferior to that of many mammals not belonging to that group. Another question remains: Are we justified in classifying men and monkeys together? The comparison of the human skeleton with that of a gorilla, an orang, a chimpanzee, or any of the higher apes, will answer the question, and show at a glance the great resemblance and similarity there is between them. Now the gorilla, for example, is admittedly placed in the same order as the lemur, the cheiromys, and the galeopithecus, which differ, as we have seen, far more from it than it does from man. Thus we cannot but place them in the same order, or else all our notions of affinities and resemblances fall to the ground. The following is a table giving the best classification of mammals we possess:—

MAMMALIA.

IMPLACENTALIA.

Ornithodelphia.
Monotremata.

Didelphia.
Marsupialia.

PLACENTALIA.

Monodelphia.

Placentæ Incoherent.
Edentata.
Sirenia.
Toxidontia. (?)
Proboscidea.
Peristodactyla.
Artiodactyla.
Cetacea.

Placentæ Coherent.

Pl. zonary.
Carnivora.

Pl. discoid.
Insectivora.
Rodentia.
Cheiroptera.
Primates.

[*London Lancet.*

Mr. Gulliver's Hunterian Oration—We presume that many of our readers may have seen, in some of the English medical journals, a report of the late Hunterian oration before the College of Surgeons, by Mr. Gulliver, of blood-corpuscle fame, and have been amused at the characteristic national glorification of the British scientific lion, and the forgetfulness of all other merit therein contained. The expression of contempt for American science has become so familiar to us, that like Roebuck's recent remark before the House of Commons, that we are "an insolent and upstart race," which was received with cheers, it is now only amusing. It is not, then, because of anything novel or particularly noteworthy in Mr. Gulliver's address that we now call attention to it, but to put upon record something which really is novel and unexpected, namely, the recognition of its merits by an English journal. The London *Lancet*, in a notice of Prof. Huxley's course of lectures on the vertebrate skeleton, an extract from one of which will appear in next week's number, thus shows up Mr. Gulliver:

"The fame which Owen gave to the Hunterian chair of Anatomy and Physiology Huxley is well capable of maintaining. Belonging to a new school of anatomists and zoölogists, of which in this country he may claim the headship—critical, keen and inquiring—Huxley and his fellow-workers are doing much to promote the advancement of science. Skeptical of theories and unbending to authority, sometimes harshly disregardful of the services rendered by the most illustrious patriarchs of their science, it is part of their mission to destroy as well as to construct, and many of the 'idols of the cave' totter beneath their vigorous blows. Although Mr. Gulliver was gravely telling his listeners the other day that with Hunter, Hewson, himself and a few English friends, the race of physiologists had died out—and that Kölliker, Hasse, Henle, Wagner and the rest were very small fry indeed, albeit some people followed a fashion in speaking highly of them—it will be seen in the course of these lectures that in anatomy as in histology our most active English workers are progressing in unison with the Germans; and that Huxley's labors go hand in hand with those of Joh. Müeller, Remak, Reichert, Hallmann and Rathke—obscure individuals, of whom Mr. Gulliver may not have heard, but who have nevertheless contributed in the most important degree to the science of anatomy."—*Boston Med. and Surg. Jour.*

Disinfectants and their Application to Therapeutics.

Conclusions from facts contained in a memoir upon this subject published in the *Archives Générales*, by O. Reveil, Professeur agrégé à la Faculté de Médecine et à l'école supérieure de Pharmacie, &c., &c.

1st, That there probably exist many kinds of putrid fermentations, varying in their causes as in their effects;

2d, That there is no general disinfectant capable of being indiscriminately used in all cases;

3d, That liquid disinfectants are always preferable to others, other things being equal, when applied in therapeutics.

In their application to this purpose regard should be paid to their cost, the facility of their employment and the inconveniences they may cause by corroding, soiling or rendering unserviceable the linen dressings.

4th, The best disinfectant is that which possesses the following properties: It should—A. Instantly destroy or mask bad odors; B. Absorb the liquid or gaseous products of the putrefactive or inflammatory process, remove them by washing and destroy the poisonous or irritating action of morbid liquids and mephitic gaseous products; C. Prevent the formation of new infections or mephitic products; D. Hasten the cicatrization of sores, by giving the necessary vitality for the reparation of the tissues.

5th, Chlorine, and solutions of bromine and iodine, appear to best fulfill the most important of these conditions.

6th, Chlorine, or at least the hypochlorites, by reason of the gaseous state of their active principle, ought always to be preferred when it is desired to destroy miasm and disinfect the air.

7th, The addition of odorous essences, and principally of nitrobenzine to the hypochlorites and to iodine and bromine-water, acts both to mask the disagreeable odors and to set into immediate operation the chemical action.

8th, Tar and coal-tar preparations are able to render effectual service, but they do not possess the property, like iodine and bromine, of destroying the poisonous action of morbid products and putrefaction, or that of various kinds of virus.

9th, *Charpie carbonifère*, especially *charpie carbonifère iodee*, may be often employed with success.

10th, Carbon, in addition to its absorbent properties, appears to

exercise *an action of special contact*, in virtue of which it hastens the destruction of organic matters, or rather, as M. Stenhouse states, according to the experience of Turnbull and Turner, by condensing the oxygen of the air, and thus acting as spongy platinum.

11th, Metallic solutions (salts of iron, zinc, &c.), although imperfect disinfectants, suffice in a great number of cases.

12th, Physical and mechanical agents (ventilators, &c.) may be made powerful aids to chemical disinfectants.

13th, There are some causes of *infection* which appear to resist all treatment (ozæna, otitis, &c.).

14th, We should add, moreover, that there are causes of *infection* which it would be dangerous to suppress *(suer infecte des pieds)*, and the odor of which we should endeavor to mask.

One is struck with admiration on reflecting upon the processes which nature employs to disseminate, transform and reproduce organic matters; in the presence of the grandeur of these facts, we remain convinced of the exactitude of the aphorism of Lavoisier: *"Dans la nature, rien ne se perd, rien ne se crée."*

M. Reveil alludes above to the so-called fœtid foot-sweat, and thus sustains a popular error both of pathology and therapeutics. Fœtid foot-sweat does not exist. The perspiration is always fresh when secreted, and any peculiar individual odor is due to specific modifications in the sebaceous matter. It is only when the sweat has undergone decomposition upon certain portions of the body peculiarly adapted to such change, as the axillæ, beneath the mammæ, between the folds of the perinæum, &c., that the fatty acids thus formed give rise to a fœtid odor. So, too, when the feet are not frequently cleansed, and heavy coverings are worn upon them, the boot is apt to absorb the odors thus produced, and to become in turn the real offender. We have noticed this peculiarly disagreeable smell about the persons of several officers returning from the army, where thick stockings and heavy top-boots are worn day and night without change for a considerable time. The idea of any dangerous consequences following simple cleanliness, which is the only disinfectant required, is absurd. The worst case of fœtid foot-sweat may be cured at once by casting away the stinking boots, and substituting thin stockings and light boots or shoes, and by washing the feet every day in soap and water.—*Ibid.*

XUM

Cold and Wet a Cause of Camp Disease, and its Modus Operandi. By C. A. HUNT, M.D., Surgeon of 126th Regiment Ill. Vol.

My sanitary report of March, having been suggested by the Medical Director for the consideration of the Society, and myself being appointed the essayist, I take the occasion to make the report conform to the nature of an essay, with more extended remarks in relation thereto.

Just at this period of the season, following a cold and protracted rain, I noted the following effects of it upon my own regiment, while stationed near Jackson, Tenn. There were about twenty-five taken off duty with the following peculiarity, in nine companies remaining in this one camp: About ten had cold and cough, or catarrh; six took *pneumonia biliosa;* two *pneumonia typhoides;* two bronchitis with aphonia; one an intermittent, and about five with diarrhœa. In the one company stationed four miles south of Jackson, on the railroad, had nine taken sick at the same time, in which one case assumed the form of a remittent type of fever, and eight that of dysenteric flux. In this connection I draw the attention to these various cases, all arising from one cause, for two purposes: one, to show how single may be the exciting cause, and how great the variety of results under precisely the same circumstances, and, secondly, to impress the fact, that cold and wet are causes sufficiently forcible in action upon the body to induce nearly all the common diseases of camp life. I do not say that it does do it, especially during warm weather, but only speak of its efficiency during the seasons of their prevalence in combination, and upon that basis will show by what means, and through what channels, the various results are brought about.

I now propose to call attention to that part of my subject; not designing to argue the special production of any one disease, or class of diseases, but to set forth the general tendencies and common results, as applicable to any disease, which can result from sudden abstraction of heat followed by intropulsed fluids, and wish incidentallty to say, that the subject has been neglected by the profession, who have been satisfied with *phenomena* alone, without being arrested by the very great importance of estimating the causation, and the paramount necessity of guarding against these agencies so common around us.

The phraseology of *taking cold* is familiar to all of us, and is even the expressive term used by literary men, derived from the common notion that they have imbibed *cold* which has found a location in the body, as it existed out of it, and like the kindred phrase of drawing out fire after a burn, has passed down into a fireside axiom.

The question, in its philosophic sense, comes up, how do we take cold? We evidently do not contract it from water, or dampness, or from the air, or from the earth, because all these elements, or partitions, of the habitable globe, are populated with birds, fishes, animals, and insects, constructed as we are, of the same constituents, of the same organic relations, and breathe the same air, drink the same water, and live upon the same food, and pass through the same process to dissolution, and yet they are not affected by it. There is nothing in air or water which, in themselves, are poisonous, or causative of disease. The whole explanation lies in the sudden abstraction of heat from the body, to the extent that *the organic forces of the economy become a deranged relation to the matter of which the body is composed.* This is effected in two ways: First, by conduction, and second, by evaporation. The process of conduction of the heat is carried on by the contiguity of damp clothing, together with the contact of air charged with floating vapor. The clothing, which when dry is porous and a poor conductor of heat, but when wet has its porous interstices filled with watery particles, to the extent that a complete surface and uninterrupted sheet of conducting material is thus presented to carry off the heat of the body, and superadded to this silent, continuous contact, there are globules of air constantly picking up and bearing off the particles of vapor which have become warmed by the body, and substitute such as are cold. But when evaporation supercedes conduction, or both operate together, as is common, then the cooling process is still more rapid. For each globule of air feels itself especially commissioned to fill its little canteen with its 1,000° of heat, and on its pinions seek the moving gale, or the lungs of some adjacent plant or tree. In this way the air becomes very officious, at the same time, in reducing the heat of the body; for while each air particle is expanded and moving off with its caloric balloon, freighted with the warm vapor, into greater altitudes, the cold air is rushing in to fill

the place, and again flies off by the expansive levity which it borrowed from the body itself.

Those medical men who have had occasion to use cold lotions to imflamed parts can comprehend, to some extent, what would be the result should they apply that same lotion to the entire body at the same time, for such is the effect of wet and cold, after a cold rain, or cold following rain. What is the result of its sudden application? It causes a sudden intropulsion of the fluids of the exterior in upon the interior organs, which of course become not only overcharged with recrementitious matter, but also of a remora of blood, which was due to the capillary surface. To compensate for this *physiological result* (for it is yet physiological), the interior organs are forced into a vicarious action, in order, in some way to equalize the effect and pressure. This physiological action, however, I do not array here as being any part of diseased action, but it is a normal process so excessive in extent that disease often results, not from the influx of the recrementitious matter, but from the remora of blood producing overdistension of some local capillary network. The intropulsion of the recrementitious secretion of the dermoid tissue must become of very feeble importance in the chain of abnormal phenomena, for the reason, that the secretion itself is not vitiated when it retreats from the surface, and cannot become so after the blood retreats, for the secretion is suspended until the blood returns.

If it be meant that the effete atoms of the worn-out tissues are thus productive of disease, when thus suddenly driven in from the surface, I would say that the position is equally fallacious, for the same reason that the process of repletion and waste is also suspended, and there is no excess. And the idea that the changed relation of the fluids of the body from one part to another, as a cause, is of itself untenable, because the organism is in constant process of such changes, in winter and summer. That process is experienced by the diver into cold water, by the æronaut in the suddenly rarified air, also by persons descending into wells and ice-houses, during summer, etc. These physiological actions must not be looked upon as causative, but only as a normal process by which, and through which, and after which, disease does not occur.

To illustrate that point, I will introduce an engine with two boilers, with steam enough on to run a given weight in a mill or

train. I connect the boilers so that they communicate with each other. I am under way, in full motion. I now bring suddenly in contact with one boiler cold enough to bring about sudden condensation of the steam back into water. The sequence of that abnormal act is this: when the condensation occurs, and a vacuum is formed, the steam forces the water from the other boiler into it until by oscillation the equilibrium is restored. But the engine stops. Why? Not because of the change of the fluids from one boiler to another; not because of an influx or remora of fluid into the first boiler, but because of the changed relation of the *heat* to the *matter*, *water*, which propelled the engine. What was lost in this process? Not *water*, but *heat*. The *heat*, then, we observe, is the moving power, and not the water, the latter being only the receptacle, or agency, in effecting motion to other matter. Now it must not be lost sight of, that this same heat is the moving power in the animal economy, as well as everywhere in the known universe. I will state a basis of all pathological, as well as physiological action, upon which rests all the causative agency of all diseases, and it applies to all circumstances; it is this: No *diseased action can begin or exist*, except by first a *deranged relation* of the *organic forces* to the *matter of the body*, or a *changed relation of the matter of the body to the forces*. When I speak of forces, as applied to animal or vegetable, I mean heat and light, and their transitions into electricity and magnetism, and when I speak of matter, I mean the material structure of the body, whether gas, fluid, or solids. It is the heat power which effects motion, and the light, identity of place and function. I will explain this point. If any circumstances shall change the heat and light which would be required to perfect the growth of a tree, the tree would decline and die. If, on the other hand, we girdle the tree, so that the fluids are changed in their relation to the forces, light and heat, the tree also dies. Hence, it seems to me plain, that in order to have integrity of life and health of this tree, there must be the proper integrity of both the forces and the matter. If either fails to be perfect, disease must occur, and probably death. Precisely this condition, and these circumstances present themselves in the vegeto-animal economy, except that both are required in greater abundance, because of greater waste. The importance of the production of these two forces may be better estimated, when it is considered that all motion of mind and body is due to one, while

XUM

the replenishment is due to the other; the matter being furnished. Now when this heat of the surface was suddenly consumed, as it was in the one boiler, it became necessary to have it as suddenly restored, if possible, in order to prevent a cessation of function. Hence the heart immediately puts on the construction train, and the new material, containing a large supply of oxygen, is blindly yet vigorously furnished to the exterior, to supply the defect as soon as possible, and when the entire surface is reached, there appears an excessive action. Suddenly, instead of the pallid surface and blanched countenance, and small pulse, and dry, cold skin, and general suspension of dermoid secretion, we now have a *hot skin, tumid face, high pulse, hurried and suffused countenance,* the capillaries now over-distended with blood, the secretery cells overpowered with excess of the same, which still suspends secretion. This *is a condition* which has got the name of *Fever.* I will not stop here now, to treat that topic, however.

The assimilative functions, which hold their laboratory in the extreme capillaries, also suffer diminution in the same degree. Here are atoms of matter, all through the tissue, which have become effete, but not yet cast off to give place to the new matter; but, on the contrary, are yet in the cell-wall and subject to the action of oxygen, which *partially* acts upon them. Although the abnormal relations now existing between the oxygen, the blood capillaries, and absorbents will not resume function yet so much as to consume these atoms, so that they can be dissolved into fluid and be carried away; but they are oxygenated, and, while under this process, are giving out excess of heat, not to be expended in normal motions, or not to be taken up by the excretion of the skin, for it is checked, or not to be consumed by the dissolving atoms into water, for they do not dissolve; but to be spent upon *remote parts* as well as *adjacent parts,* and out of it may appear arterial excitement, wild mental action, muscular excesses, spasms, diarrhœa, cough, delirium, etc., etc., all of which are results of excessive action, evinced in the inordinate expenditure of heat; for, it must be observed, that the heat generated must be expended and compromised somewhere in the economy, and any abnormal or excessive action or motion is the evidence of excessive heat, whose expenditure has devolved upon that part for want of ready equalization. Could the worn-out atoms be liquified as fast as burned, or partly burned, the function of repletion would not be checked,

and the process of food-taking in disease would not be checked by first checking the appetite; nor could there be any abnormal action when the office of waste and repletion is in balance.

The disturbance in this balance is the derangement of the matter of the body to the forces; for, when atoms of tissue are not broken down, and elimination, of course, there can be no place for new matter, and no demand. Now, this process of overheating is a re-action upon the previous abstraction of heat. This is a general process; and the true phenomena, though not always in the same degree, is as plain as the phenomena of the two boilers.

Every disturbance in the motion of either solids or fluids is caused by a disturbance in the heat force, and a derangement of the force in relation to the fluid or solid. What is the whole process of changing atoms, either in act of deposit or waste, in secretion or excretion, in production or re-production, but the new relations of matter, which, if presented to the forces always the same, must be attended with the same results, provided the forces are normal also. The process of oxygenation of the effete tissues must be either partial or complete, if acted upon at all, and in this process lies the most important to health of any physiological act in the economy. We observe, and it has escaped no physician, that the effete atoms are not removed, except in a slow process, during disease; and, in our lingering constitutional diseases, such as, for instance, typhoid fever, the oxygenation is, at first, more active and the heat higher, yet the tissues *do not change place*, and there is no call for repletion.

After a time, the oxygenation becomes more difficult—the fever and heat declines—still there is no change; and not until the crisis is formed, and the cell-walls give up their dead, and the old atoms begin to pass off, do we see the cheeks sink in, and emaciation become general, that the appetite arouses and repletion commences. This process of waste and repletion is the controlling function of the organism, and becomes, or is likely to be, effected by the action of cold, or by any other means by which the *forces* and the *matter* become deranged. I will not dwell longer on this most interesting topic, all of which has an especial bearing on disease.

This effect is the process, occurring wherever fever exists, or any other constitutional affection, which so generally involves the many functions of the body; and, I wish here to be understood, that the general fever does not cause this general assimilative disturbance,

but that fever is the result of it, and is *symptomatic of it.* Fever has no individuality, no more than *any other disease;* but they all result from a chain of deranged phenomena, in which the process of waste and repletion are paramount in the line of causation. Now, upon this intropulsion from sudden cold, the common laws of natural order prevails, that of *contraction* where *heat is not,* and *expansion where it is;* hence the first contractile impress is made right where colorification begins upon the surface. We now have the intropulsive; and remora takes place in capillaries of some internal organ—say the lungs—but, upon reaction, this remora ceases before permanent hyperemia occurs, except, probably, in a circumscribed patch of tissue in which inflammation or congestion, and, finally, suppuration occurs.

Now, I ask, why did not healthy action proceed after this first engorgement, or after the hyperemia became permanent? There was no trouble now in the heat and light, for the heat has become really in excess, and just as ready to act legitimately through that spot as any other. It is this. The matter there has now become deranged, as relates to the forces. First, the forces were deranged, and now a succession of phenomena has arisen, by which the matter is deranged to the forces, and death of the part, or *local death,* has occurred.

While the effete atoms are in process of combustion and heat is being generated, the skin would soon lower the heat were its functions not arrested by the same act. More than that, the liquifying the solids is also a cooling process, for no solid can become fluid without the absorption of much heat, and in this process much of the excess of heat would be equalized, were it not for the fact, that these atoms are not thus liberated from the cell-wall or liquified. That process too is arrested; and the vicarious act of disposing of the forces is greater than that of disposing of the deranged secretion or supposed peccant humors.

As to the production of disease, it matters not whether the heat of the body is suddenly abstracted in one part, and the elements of the body inordinately taxed to reproduce it, or whether, by the reaction, occasioned by the supply of heat, has so deranged the cell function that the effete solids can be oxygenated and not liquified. In both cases, the derangement of the organic forces—*light and heat*—are disturbed, in relation to the matter, the same as the heat to the water in the engine. On the contrary, should

I choke up one boiler with foreign matter, or contract the boiler to half size, then the engine would also stop, for I would change the relation of the matter to the force. In either case, the condition of those relations will be manifest all the way through, until the identity of the organism shall be destroyed. This brings me back to the text, that the sudden abstraction of heat by *cold and wet* (which is the same in effect) produces disease, either by deranging the forces to the matter or the matter the forces; and that the mere change of the fluids is not the *cause of disease*, but one process in the chain of results. Why does this process of concentrated action so often develop disease in the mucous membrane and parenchyma of the lungs? The principal reason exists in the yielding character of those tissues which have not elasticity enough to regain their lost condition from the remora. In this stage of remora the vessels become charged with blood, and eight-tenths will, upon reaction, resume their pristine level; while one-fifth will remain with distended vessels, some parts of which may run into inflammation, and others into congestion.

I would here beg leave to say, that although pus forms during a low inflammatory process, it is equally certain that the same vessel in which it forms becomes congested, or relaxed, and over-distended before the exudation period. This is the changed relation of matter to the forces. Again, the mucous membrane is more obnoxious to this intropulsion, because it is slowest in throwing off excessive influx of extraneous fluids, and slowest in its secretion and excretion. It is the most yielding tissue in the body to vascular pressure. So yielding is this tissue to distension, that I doubt if true inflammation ever is developed in it, unless the adjacent tissues are equally implicated. Congestion, following remora, is, undoubtedly, the pathological condition of the diseases which are developed in it. These two are the accumulated evidences of changed matter, in relation to the forces.

I do not mean to assert that the changed relation of forces all proceed from sudden extraction of cold. On the contrary, the act of taking cold or catarrh is often produced in dry, warm weather, and while in the house. This is owing to the electrical or magnetic condition of the air, which controls the *organic forces* of the animal system. Instances of this meteorological influence upon the organic forces is shown in all the animal world, not only during disease but in health. In a word, the *forces* of the economy are

directly in relation to the process of *combustion within the body*, and the forces and vicissitudes of all nature without the body; while the matter of the economy is in direct relation to the food consumed and the process of æration.

The abstraction of *heat* then, to the extent of organic derangement, first involves the *forces* by which the circulation is deranged; succeeding to this, consecutively appears in some locality, a disease in the solids, in which appears deranged matter. This diseased spot then being beyond the reparative process of repletion and waste, fails to develop the phenomena of life any longer, and must drop into other relations common to decay.—*Chicago Medical Examiner.*

Lawson on Phthisis Pulmonalis.—We have just received the last number of the *British and Foreign Medico-Chirurgical Review*, in which we find a lengthy and very favorable review of Dr. Lawson's work on Phthisis. We feel gratified that our neighbor has received so appreciative a notice so far from home. We are not aware what efforts have been made by the publishers to push the sale of this book, but we believe that our readers who buy and read it will thank us for our commendation. Of course, we cannot make any lengthy quotations from this review, but we give the concluding paragraph as manifesting the kindly spirit of the whole:

"In parting from our author, though we cannot enter into all his hopeful views of the cure of phthisis, yet we can most willingly express the satisfaction we have had in the study of his work: our analysis of it, imperfect as it is, would not otherwise have been so lengthened. No subject in medical science has been more productive of monographs of high ability than this disease—of monographs which have become classical. We have some confidence that this work will rank amongst them. For acuteness of observation, for sober discrimination and sound judgment, and fair criticism of the writings of others, and especially of contemporaries, and for the wide knowledge which it displays of the literature of his subject, we know few books superior to it. We bestow our praise the more readily, our author being an American; yet though an American of Anglo-Saxon race, as his name implies, and one who we trust will, with all his right-minded countrymen, still cherish a love of the stock from which he has sprung, abhorrent of the vulgar clamor

sadly now prevailing against England, as if the American States, whether united or separated, Federal or Confederate, had not with our country a common interest, apart from the community of blood, that of language, of literature, and of laws."—*Cincinnati Lancet.*

Statistics of Ovariotomy.—At a meeting of the Obstetrical Society of London, March 4th, Dr. Clay, of Manchester, gave a brief and interesting outline of his experience in this very important branch of surgery. Of 109 peritoneal sections, 104 were for ovarian extirpation, 3 for cutting down upon the tumor to establish ulceration where its removal was known to be impracticable, 1 for Cæsarean operation, and 1 for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovered, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section lived to the fifteenth day; and, lastly, the case of the entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hæmorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. Those from prostration were chiefly elderly females.—*London Lancet.*

Two Recent Cases of Ovariotomy in France.—M. Valette, of Lyons, lately performed the above mentioned operation on a patient 38 years of age. The lady had applied to M. Valette about four years ago, and, after repeated tappings, had been brought by the disease to so low a condition that the surgeon was obliged to consent to the operation of ovariotomy, loudly demanded by the patient. The latter died soon after the large cysts were removed, and M. Valette attributes the fatal issue to the shock of the operation, as there was neither peritonitis nor hæmorrhage. He determines that in his next operation, opium and stimulants shall be more largely used. The *Gazette des Hospitaux*, of the 14th of February, also states that the patient on whom M. Nélaton lately performed ovariotomy has died. No details had then transpired. M. Velette's case is fully reported in a late number of the *Gazette Hebdomadaire.*—*London Lancet.*

XUM

Population of Spain.—For the first time a general statistical review of the movement of the population of Spain has lately been published. According to this, the number of births for the past year was 571,186; of deaths, 432,067; of marriages, 126,893. The statistics fail to give the total of the population; they only record one birth in 27 inhabitants, one death in 33, one marriage in 129; according to which the total number of inhabitants would be 15,500,000—*Ibid.*

W H. MUSSEY, M. D.,

SURGEON TO THE ST. JOHN'S HOSPITAL.

Will instruct a class in SURGERY. The Fall and Winter Session will be occupied with surgical anatomy, operative, clinical and minor surgery. The Spring and Summer course will be devoted to surgical pathology, syphilitic and skin diseases.

During the entire course of nine months, the class will have ample facilities for

ANATOMICAL DISSECTIONS,

And in the spring months, opportunity to practice operations upon the subjects.

The course will be more extended and more practical than the teaching of medical colleges, and will be fully illustrated with cases, preparations, plates dissections and the unequalled pathological Museum of Professor Mussey.

Fee, including anatomical demonstrations, $35, or $20 for either division of the course. No. 70, West Seventh St., Cincinnati, Ohio.

jan. '62.

RUPTURE

MARSH'S NEW PATENT RADICAL CURE TRUSS

Will cure nine cases out of ten of all reducible Hernia (or Rupture), when properly applied and our directions followed. We have the privilege of referring to Profs. VALENTINE MOTT and WILLARD PARKER, of New York; Profs. R. D. MUSSEY, GEO C. BLACKMAN, J. P. JUDKINS, Dr. W. H. MUSSEY, and other Surgeons of Cincinnati. We also have the privilege of referring to many persons residing in Cincinnati as well as in New York, who have been cured by the use of this Truss. It has met the decided approval of the entire Medical and Surgical Profession who have examined it. We also manufacture and keep for sale,

ELASTIC STOCKINGS,

for cure of varicose veins; a new style Suspensory Bandage, for treatment of varicocele, hydrocele, etc. Instruments for treatment of Bow Legs, Club Feet Curvature of Spine, and all other physical deformities.

ABDOMINAL SUPPORTERS,

Which are worn with much comfort, having no steel springs, yet are perfectly elastic, with shape and pressure graduated to suit the case where required Also, a general assortment of all other kinds of Trusses, Supporters, and Shoulder Braces, on hand or made to order.

MARSH & CO.,
2½ Maiden Lane, New York; and
MARSH, CORLISS & CO.,
No. 5 Fourth Street (two doors west of Main st.),
South side, opposite the high steeple, Cincinnati

jan. '62

STARLING MEDICAL COLLEGE,

COLUMBUS, OHIO

FOR THE SESSION OF 1863–64.

The next session of Starling Medical College will commence on Thursday, October 15th, 1863, and will be continued until the 1st of March.

The Dissecting rooms for the study of practical Anatomy, will be open from the commencement of October.

The Museum of the Institution has been made very attractive by late receipts from France and Germany.

The College building is in complete order, the east wing having been entirely completed.

FACULTY:

S. M. SMITH, M.D.,
Professor of Practice of Medicine—Physical Diagnosis.

FRANCIS CARTER, M.D.,
Professor of Obstetrics—Embryology, Diseases of Women and Children.

JOHN DAWSON, M.D.,
Professor of Anatomy—Microscopical Anatomy and Physiology.

J. W. HAMILTON, M.D.,
Professor of Surgery—Eye and Ear Surgery.

S. LOVING, M.D.,
Professor of Materia Medica—Hygiene.

THEO. G. WORMLEY, M.D.,
Professor of Chemistry—Toxicology.

FEES:

Tickets of all the Professors, ...	$60 00
Matriculation Ticket, paid but once, ...	5 00
Graduation Fee, ...	20 00

Subjects for dissection in the building, furnished at a moderate expense, on application to the Demonstrator of Anatomy, *and in no other way.*

There are two extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical and Dissecting instruments are readily obtained.

All letters of inquiry will receive prompt attention, if addressed to any member of the Faculty, or to

S. M. SMITH, *Dean.*